

**S. C. BOARD OF OCCUPATIONAL THERAPY
P. O. BOX 11329, COLUMBIA, SC 29211-1329
(803) 896-4683**

**VERIFICATION OF PAST OCCUPATIONAL THERAPY EMPLOYMENT
Endorsement Applicants**

I have applied for licensure with the SC Board of Occupational Therapy and request and authorize you to release all information requested below by the SC Board concerning my employment and performance record. I understand that information provided to the Board will be considered confidential.

To be completed by applicant: (Please print)

Name _____

Employed as _____

Dates of employment _____

Hours worked per week _____

Reason for leaving _____

Date _____ Signature _____

To be completed by employer and returned to the Board at above address:

- The above information is correct. _____ Yes _____ No

If no, comment: _____

- Eligible for re-hire. _____ Yes _____ No

If no, give reason below.

Name of Facility/Company

Address

City/State/Zip Code

Phone Number

Signature _____

Title _____

Date _____