



**American Burn Association
Burn Therapist Certified (BT-C) – Employment Verification Form**

Applicant Information

If you have been employed at multiple organizations in the past five years, you must use separate forms for verification of hours worked at each place or role and a supervisor must sign to verify each form submitted. Minimum requirement for initial certification is **4000 hours**.

Name:

Email Address:

Phone Number:

Name of Organization:

Address:

Dates of Employment: from _____ to _____

Position Title:

Description of Position Held:

Number of Direct Care Hours*:

Applicant Attestation: I hereby attest that the information provided on this form is true, correct and complete to the best of my knowledge and I understand that any falsification, omission or concealment of information may result in revocation of certification.

Applicant Signature:

Employer Verification

To be completed by supervisor or other organization representative.

Name of Person Completing Form:

Position/Role of Person Completing:

Supervisor Attestation: I verify that the work experience described for the above-named applicant is accurate and true.

Signature:

Date:

Email:

Phone number: