



Résumé Verification Form

- Candidate should prepare a complete education and work history.** Please prepare a résumé to include all of the following on numbered pages:
 - Formal education plus O&P courses and workshops. Specify dates of attendance and degree, diploma, or certification achieved.
 - Employment history, with dates and major responsibilities.
- Complete Résumé Verification.** Please obtain verification of your résumé by submitting it to either of the following individuals as required below, who must review, date and initial each page of your résumé: your current facility owner/manager/supervisor, or; if *you* are the owner/manager, *another* certified or licensed practitioner who has direct knowledge of your work record. In the latter case, please include a brief description of the basis for the verifying practitioner's signature and a copy of their current certificate or license.

This section to be completed by Facility Owner/Manager/Supervisor or Certified/Licensed Practitioner

Please review the candidate's résumé, **dating and initialing** each page. Then complete the following:

I have read the résumé of (type or print candidate name) _____, and it is true and accurate to the best of my knowledge.

Your Name _____

Title _____ Professional No. _____
(Include credentials if certified/licensed)

Company _____ Address _____
(If certified/licensed)

Signature _____ Date _____

- Complete the following affidavit.** This page is to be stapled to the résumé after it has been prepared, initialed and dated according to these instructions. Thereafter, both this page and the completed résumé are to be presented and displayed before a notary public, who must witness your signature of the affidavit below. The notarization must indicate the total number of pages (including initialed résumé pages) presented. Upon completion, please submit this form and your résumé to BOC at the address in the top right corner of this page, attention "Certification Department."

In signing this affidavit, I ATTEST, upon personal knowledge, that the information included in this résumé is true. I understand that falsification of information may result in a denial, suspension or revocation of my certification.

Certification Candidate (type or print name) _____

Signature _____ Date _____

Notary Public

Sworn to and subscribed before me this _____ day
 of _____, 20_____
 Number of pages presented and displayed before me _____
 Number of résumé pages initialed _____
 Commission expires: _____

Affix Notary Seal or Stamp Here: