

**VERIFICATION OF HOURS**

**\*\*Must be completed and signed by Department Manager\*\***

I, Click or tap here to enter text.(department manager) declare that Click or tap here to enter text.(employee) has worked a minimum of 1200 practice hours in Click or tap here to enter text.(primary discipline) in the last 5 years from 2020 to 2024 inclusively.

Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s Position: Click or tap here to enter text.

Date: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.