

Date

The Association of Educational Therapists
7044 S. 13th Street
Oak Creek, WI 53154
aet_membership@aetonline.org

Dear Membership Committee:

This letter documents (number) hours which I accumulated as a
(job title)

at (name of place)

during (year) to (year)

During these hours, I performed the following Educational Therapy related activities:

Sincerely,

Verified by

Signature: _____

I am submitting this letter electronically and indicate by this check that I am the person named above as verifying this document.

Name (printed):

Title:

Address:

Email

Phone