

Proof of Status

Herewith we confirm that

☐ Mrs./Ms.

☐ Mr.

☐ is a **Non-Physician** (occupational therapist, speech therapist, physiotherapist, clinical psychologist, orthotics & prosthetics, social worker, nurses, special educator & others)

☐ is a **Trainee**

☐ is a **Resident**

☐ is a **PhD student**

☐ is a **Fellow**

in our company/institution/organisation.

City, Date _____

Signature and Stamp _____