



University of
Pittsburgh

School of Health and
Rehabilitation Sciences

**Department of Rehabilitation
Science & Technology**
6425 Penn Avenue, Suite 401
Pittsburgh, PA 15206
412-383-1150
rstinfo@shrs.pitt.edu
shrs.pitt.edu

To whom it may concern:

This letter is to verify that I, _____, confirm _____,
observed a total of _____ hours in the profession of Orthotics and/or Prosthetics
through volunteer or work experience at _____.

Sincerely,



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EXAMPLE

February 22, 2023

To whom it may concern:

This letter is to verify that I, Dr. Tony Stark, confirm Peter Parker, observed a total of 240 hours in the profession of Orthotics and/or Prosthetics through volunteer or work experience at Stark Industries.

Sincerely,

Anthony Stark