



Dear Sir or Madam:

**Supervising Professional Confirmation**

OAAAS Member Name in Full: \_\_\_\_\_

I confirm that the above-noted Technologist OAAAS is employed/contracted with our Firm and that the Firm will endeavour to provide the required work experience in accordance with the Program Guide to become a Licensed Technologist OAA.

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Name/Title of Supervising Professional (*please print*)

Signature

Date