

[Company Letterhead/Logo]

[Date]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Street Address]

[City, State, Zip Code]

Subject: Employment History Verification for [Employee Full Name]

To Whom It May Concern,

This letter is to formally verify the employment history of [Employee Full Name] at [Healthcare Facility Name].

Employment Details:

- **Job Title:** [e.g., Registered Nurse / Medical Assistant]
- **Department:** [e.g., Intensive Care Unit / Pediatrics]
- **Employment Start Date:** [Date]
- **Employment End Date:** [Date or "Present"]
- **Employment Status:** [Full-time / Part-time / Per Diem]

Professional Standing:

During their tenure, [Employee Name] maintained the necessary credentials and licenses required for their position. Their conduct was in accordance with facility protocols and healthcare regulations.

If you require any further information or specific details regarding their clinical duties, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Organization Name]