

[Current Date]

[Recipient Name/Verification Agency]

[Recipient Title]

[Organization Name]

[Street Address]

[City, State, Zip Code]

Subject: Verification of Human Resources Professional Certification

To Whom It May Concern,

This letter serves to formally verify the professional certification status of the following individual:

Name: [Full Name of Certified Professional]

Certification Type: [e.g., PHR, SPHR, SHRM-CP, SHRM-SCP]

Certification Number: [Certification ID Number]

Date of Certification: [Initial Certification Date]

We confirm that as of [Current Date], the aforementioned individual is in good standing and their certification is currently active. This certification is scheduled for renewal on [Expiration/Renewal Date].

This credential recognizes that the individual has met the rigorous standards of experience and knowledge required in the field of Human Resources, as established by [Certifying Body, e.g., HRCI or SHRM].

If you require further information or have additional questions regarding this verification, please contact our certification department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Typed Name of Verifier]

[Title]

[Certifying Organization Name]