

Date: [Insert Date]

To: [Recipient Name/Facility Name]

Attn: Credentialing Department

Address: [Insert Address]

RE: Reference Check Compliance Verification

Candidate Name: [Insert Candidate Full Name]

Professional License Type: [Insert License Type, e.g., RN, LPN, CNA]

License Number: [Insert License Number]

To Whom It May Concern,

This letter serves to formally verify that [Insert Staffing Agency Name] has successfully completed the required professional reference checks for the above-mentioned healthcare professional in accordance with Joint Commission standards and facility compliance requirements.

Our compliance department has obtained and verified references from the following sources:

- **Reference 1:** [Name and Title], [Facility Name] - [Date Verified]
- **Reference 2:** [Name and Title], [Facility Name] - [Date Verified]

The references confirm that the candidate's clinical skills, professional conduct, and past performance meet the necessary criteria for placement. All documentation regarding these references is maintained in the candidate's permanent personnel file and is available for audit upon request.

We certify that this candidate is in good standing and cleared for clinical assignment.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Staffing Agency Name]

[Phone Number]

[Email Address]