

Employment Verification Letter

Date: [Date]

To Whom It May Concern,

This letter is to confirm that [Employee Name] has been employed with [Healthcare Facility Name] as a [Job Title] since [Start Date].

[Employee Name] has consistently met the expectations of their role, demonstrating excellent skills in patient care, teamwork, and professional conduct. Their responsibilities include, but are not limited to:

- Providing direct patient care and support
- Administering medications as prescribed
- Collaborating with healthcare team members
- Maintaining accurate patient records

Should you require any further information, please do not hesitate to contact us at [Healthcare Facility Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Job Title]

[Healthcare Facility Name]

[Healthcare Facility Address]

[Phone Number]

[Email Address]