

Employment Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the employment of **[Employee's Name]**, who has been employed as a Physical Therapist at **[Company/Facility Name]** since **[Start Date]**.

[Employee's Name] holds a valid state license and is in good standing with all professional requirements. Their responsibilities include:

- Evaluating and diagnosing patients' physical conditions.
- Developing and managing treatment plans.
- Collaborating with other healthcare professionals to optimize patient care.

During their employment, [Employee's Name] has demonstrated professionalism and expertise in their field. If you require any additional information, please feel free to contact us at **[Phone Number]** or **[Email Address]**.

Sincerely,

[Your Name]

[Your Title]

[Company/Facility Name]

[Company Address]