Verification Request for Allied Healthcare Certifications

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Institution/Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request verification of my allied healthcare certifications. I am in the process of [insert reason for request, e.g., applying for a position, renewing credentials], and your assistance in verifying my certifications would be greatly appreciated.

Below are the details of my certifications:

- Certification Name: [Specify Certification]
- Certification Number: [Insert Number]
- Date of Issue: [Insert Date]
- Issued by: [Insert Issuing Body]

Thank you for your prompt attention to this matter. If you have any questions or require further documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Sincerely,

[Your Name]