

# Verification of Public Health Certification

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify that [Name of the Individual] has completed and obtained the necessary certification in public health. The certification was awarded by [Certification Authority] on [Date of Certification].

Details of the certification are as follows:

- **Certificate Number:** [Certificate Number]
- **Field of Certification:** [Field]
- **Duration of Certification:** [Duration]

If you require any further information or verification, please contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization Address]

[Phone Number]

[Email Address]