

# Healthcare Tax Credit Certification

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Student's Full Name], a student at [Institution Name], has been enrolled in a qualifying healthcare program for the academic year [Insert Academic Year].

[Student's Full Name] is pursuing a degree/certificate in [Specify Program], and has maintained a minimum enrollment of [Specify Credit Hours] as required for eligibility for the healthcare tax credit.

The institution confirms that [Student's Full Name] is in good standing and meets all necessary requirements to qualify for the healthcare tax credit.

If you have any questions or require further information, please feel free to contact our office at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Institution Name]

[Institution Address]

[Email Address]

[Phone Number]