



## Employment Verification Form

Name of Facility: \_\_\_\_\_

Facility Address and Phone number:

\_\_\_\_\_

CANDIDATE NAME: \_\_\_\_\_

CANDIDATE EXPERIENCE: \_\_\_\_\_

CANDIDATE JOB TITLE: \_\_\_\_\_

CANDIDATE DUTIES: \_\_\_\_\_

**Length of Employment with your facility:** \_\_\_\_\_

**Has this Candidate worked a minimum 1040 hours per year at your facility?**

\_\_\_\_\_  
Based on the duties performed. I would recommend the candidate to take the following certification exam: (Check that apply):

☐ **Certified Phlebotomy Technician**

☐ **Certified Patient Care Technician**

☐ **Certified EKG Technician**

☐ **Certified Medical Administrative Assistant**

**Acknowledgment of understanding:** I have verified the information that I am providing on this form for the candidate attempting to take the Certification Examination. I understand that NBHP relies on information provided by me and NBHP may allow the candidate to take the exam based on this verification form provided that the information provided fulfills the eligibility criteria set for the certification exam. **PLEASE RETURN TO [cert@nationalbhp.com](mailto:cert@nationalbhp.com)**

**WITH CEU**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_