



# VERIFICATION OF EMPLOYMENT

FOR CASE MANAGEMENT CERTIFICATION

Applicant Printed Name: \_\_\_\_\_

*I verify that this information is true and correct*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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***TO BE COMPLETED BY PERSON VERIFYING EMPLOYMENT (Please Print)***

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Agency Name:

Agency NPI#:

Applicant's Hire Date:

Name of person verifying:

Title/Position of person verifying:

Agency contact phone#

Agency contact email:

*I verify that the above information is true and correct:*

Signature of person verifying: \_\_\_\_\_ Date: \_\_\_\_\_

After agency completes this Verification of Employment form and email to  
Ramona.Gregory@odmhsas.org . DO NOT SEND SEPERATELY- MUST ACCOMPANY EITHER EXAM  
RESULTS OR RENEWAL SUMMARY FORM.