

[Date]

[Recipient Name]

[Recipient Title/Department]

[Organization/Licensing Board Name]

[Street Address]

[City, State, Zip Code]

**RE: Verification of Continuing Education Compliance**

To Whom It May Concern,

This letter serves to formally verify that [Employee/Licensee Name] has successfully completed the continuing education (CE) requirements for the reporting period of [Start Date] to [End Date].

As of [Current Date], our records indicate that [Employee/Licensee Name] has earned a total of [Number] credit hours. These credits were obtained through accredited programs covering the following areas:

- [Course Name/Subject 1] - [Date Completed] - [Credits Earned]
- [Course Name/Subject 2] - [Date Completed] - [Credits Earned]
- [Course Name/Subject 3] - [Date Completed] - [Credits Earned]

We confirm that these activities meet the standards and criteria set forth by [Name of Governing Body/Regulatory Agency]. Attached to this letter are the individual certificates of completion for each respective course.

If you require any further documentation or have questions regarding this compliance status, please contact [Contact Person Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Typed Name]

[Title]

[Company/Organization Name]