

## Work Experience Verification Letter

<On Organization's Letterhead>

<Date>

To the Certification Commission for Healthcare Interpreters:

This letter is to verify that <Certificant's Name> has provided healthcare interpretation services in English and <other language> for <organization name> from <start date> to <end date>. During this time, the estimated number of hours spent interpreting in healthcare settings would, at a minimum, be <estimated number of hours>.

If you have any questions, please <Supervisor Name> at <area code and phone number> and <work email address>.

Sincerely,

<Supervisor Signature>

<Supervisor Name and Title>