

**Verification of Employment Letter**

With reference to the Los Angeles County EMS Agency, Prehospital Care Reference No. 414, Registered Nurse/Respiratory Specialty Care Transport Provider, this Verification of Employment letter is for:

\_\_\_\_\_ RN / RCP (**circle applicable title**).  
(print or type name)

The above-named person is/was employed more than 96 hours per year in:

- Emergency Department
- ICU/CCU
- Other Critical Care Area: (Specify) \_\_\_\_\_

Employment Status:  Full Time     Part Time     Per Diem     Other \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

\_\_\_\_\_  
RN / RCP / Human Resource Manager (print)

\_\_\_\_\_  
RN / RCP / Human Resource Manager  
(signature)

(\_\_\_\_\_) \_\_\_\_\_  
RN / RCP / Human Resource Manager Telephone Number

\_\_\_\_\_  
Hospital Name and Address

\_\_\_\_\_  
RN / RCP Name (print)

\_\_\_\_\_  
RN / RCP (signature)

\_\_\_\_\_  
Date