



## CCP EMPLOYMENT VERIFICATION FORM

**\*\*\*Only Used by Individuals Selected for a CCP Audit \*\*\***  
**Employment can only be claimed for CE up to 1/1/2021**

Complete the top portion of this form and provide a copy to employers for whom you have worked during your audited CCP Cycle. Request that they complete the form and return it to you. Submit the completed form to AMT via the [AMT Annual CCP Audit Form](#).

\_\_\_\_\_  
Last Name, First Name, Initial AMT ID#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip, Country

\_\_\_\_\_  
Email Daytime Phone Number

Please check certification for which this form is submitted:

MT  MLT  CMLA  RPT  RMA  CMAS  RDA  CLC  AHI

***This section to be completed by employer:***

Dear Employer: The individual above is attempting to verify satisfactory employment while he/she has been under your supervision. This form will help the above individual meet certification continuation requirements. Please return this form to the individual when you have completed it. Thank you.

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: (start date): \_\_\_\_\_ (end date): \_\_\_\_\_

\*Employment dates MUST be within the 3-year cycle being audited

Position, title, or job function during employment: \_\_\_\_\_

Employment status: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time (Please fill in hours per week worked \_\_\_\_\_)

**Employer's Attestation:**

Through the provision of my signature below, I hereby verify that the above-named individual was employed at this place of employment for the time duration indicated. I further attest that during the course of employment, this individual's performance was satisfactory or competent, according to the work requirements and standards of this institution.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

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