



VERIFICATION OF EMPLOYMENT
FOR CASE MANAGEMENT CERTIFICATION

Applicant Printed Name:
I verify that this information is true and correct

Signature of Applicant: Date:

TO BE COMPLETED BY PERSON VERIFYING EMPLOYMENT (Please Print)

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 please fax to 405-366-2304 or email to Ramona.Gregory@odmhsas.org DO NOT SEND SEPERATELY- MUST ACCOMPANY EITHER EXAM RESULTS OR RENEWAL SUMMARY FORM.