



Office of Statewide Health Planning and Development

Employment Verification Form (EVF)

This form is to be completed for each practice site applicants provide direct patient care at and should pertain to the individual provider at the practice site.

Must be completed by applicant

Applicant's First and Last Name: _____

This authorization is to release information concerning my employment as required below. To establish eligibility for the Office of Statewide Health Planning and Development Loan Repayment and scholarship programs, verification of employment is required. Please complete this form as soon as possible and return it to me. Your cooperation and prompt return of this information is appreciated.

Signature of Applicant

Date

Must be completed by direct supervisor or appropriate designee (All questions are required)

Facility's Full Name:	
Telephone #:	
Facility Address: (Address of the facility where the applicant works at and not the headquarters)	
Applicant's Start Date:	
Applicant's Profession:	
Applicant's Job Title:	

1. What are the applicant's total hours worked per week?	_____ (total hours)
2. What are the applicant's total hours providing direct patient care per week? Direct patient care: Includes assessment, treatment, counseling, procedures, self-care, patient education and documentation relating to patient encounter.	_____ (direct patient care hours)
3. What are the applicant's total hours providing first line supervision of direct patient care per week?	_____ (direct supervision hours)
4. What are the applicant's total hours serving adults ages 65 or older per week?	_____ (geriatric hours)

5. Does the applicant speak additional languages at work in addition to English? (Languages must be spoken in patient care interactions without the use of translator services.) If so, which language(s):	
6. What are the applicant's primary responsibilities or job functions?	

I declare under penalty of perjury that these statements are true and correct

Signature of Direct Supervisor or Appropriate Designee

Date

Printed First and Last Name

Email