



2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833  
hcai.ca.gov



## 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 Department of Health Care Access and Information Loan Repayment and scholarship programs, verification of employment is required. 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:<br>(Address of the facility where the applicant works at and not the headquarters) | Number and Street: |           |  |
|  | State:             | Zip Code: |  |
|  | County:            | City:     |  |
| Applicant's Start Date:  |                    |           |  |
| Applicant's Profession:  |                    |           |  |
| Applicant's Job Title:   |                    |           |  |

**\* Please enter the average number of hours below, and NOT a range.**

|   |                                      |
|---|--------------------------------------|
| 1. What are the applicant's total hours providing direct patient care per week? <b>Direct patient care includes: Telecare, assessment, treatment, counseling, procedures, self-care, patient education and documentation relating to patient encounter.</b> | _____<br>(Direct patient care hours) |
| 2. What are the applicant's total hours providing first line supervision of direct patient care per week?   | _____<br>(Direct supervision hours)  |
| 3. What are the applicant's average total hours worked per week? Total hours worked includes: <b>Total direct patient care hours + direct supervision hours.</b>  | _____<br>(Average total hours)       |
| 4. What are the applicant's total hours serving adults ages 65 or older per week?   | _____<br>(geriatric hours)           |
| 5. Does the applicant speak additional languages at work in addition to English? <b>(Languages must be spoken in patient care interactions without the use of translator services.)</b> If so, which language(s):   |                                      |
| 6. What are the applicant's primary responsibilities or job functions? <b>(Primary responsibilities or job functions must be listed below or attached as a separate document and submitted with the EVF).</b>   |                                      |

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