

<Date Month Year>

To whom it may concern

**Evidence for audit of compliance**

I can confirm that [insert employee's name] with the registration number [insert AHPRA registration number] was employed as an Occupational Therapist during the period 1 December 2014 to 30 November 2015, and was indemnified by the employer's Professional Indemnity Insurance cover.

I can confirm that [insert employee's name] with the registration number [insert AHPRA registration number] is currently employed as an Occupational Therapist and is indemnified by the employer's Professional Indemnity Insurance cover.

Yours sincerely

<Name>

<Position>

<Organisation/company>

<Address line 1>

<Address line 2>

<SUBURB STATE PCODE>

[The contents of this letter may be copied onto company letterhead.

Once completed, the employee will forward it to AHPRA with other required evidence.]