

<Date Month Year>

To whom it may concern

Evidence for audit of compliance – Statement of Employer

I confirm that [insert employee's name] with the registration number [insert AHPRA registration number] has practised as a Occupational Therapist at [name of practice] during the five year period from **1 December 2012 to 30 November 2017** for greater than **720 hours**.

I further confirm that [insert employee's name] is indemnified by the employer's Professional Indemnity Insurance cover for the **period from 1 December 2016 to the present**.

Yours sincerely

<Name>

<Position>

<Organisation/company>

<Contact Number>

<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.]