

PII – Template – Statement of PII cover from employer

<Date Month Year>

To whom it may concern

Evidence for audit of compliance

I confirm that [insert employee's name] with the registration number [insert AHPRA registration number] is currently employed as a Occupational Therapist and 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>

<Address line 1>

<Address line 2>

<SUBURB STATE PCODE>

[The contents of this letter must be copied onto company letterhead.
Once completed, the employee will forward it to AHPRA with other required evidence.]