Preceptor Employment Verification Form

Employee Name: _____

Employee Position Title: _____

Employer Name: _____

Employee's Supervisor: _____

Employer Address: _____
Site of Employee's Primary Duties

Date of Employment by Employee at the Above Site: _____

I hereby certify that the above named Employee has been employed by above named employer at the above named site for at least six (6) consecutive months.

_____ _____
Supervisor's Signature Date

_____ _____
Employee's Signature Date