



Date _____

Name of Person Requesting Verification _____

(A total of one year of employment within the last five years must be verified)

The above named person is applying for the WV Child Care Credential. This letter is to verify that he or she has been employed at _____

from _____ to _____.

Signature _____

Print Name _____

Title _____

Program Name _____

Address _____

City, State, Zip Code _____