HEALTH PROFESSIONS EDUCATION FOUNDATION

This completed form must be uploaded and submitted by the application deadline date

EMPLOYMENT VERIFICATION FORM

Applicant's Name:

Employer Name:

Employer Address:

City: **State:**

Zip Code: **County:**

ATTENTION! The completed form must bear an original ink signature. This section must be completed by the Administrative Officer or direct Supervisor employed at the practice setting listed above. If this page is not SIGNED and DATED by the Administrative Officer or Supervisor, the application will be considered INCOMPLETE and INELIGIBLE. No copies or faxes will be accepted.

TO BE FILLED OUT BY YOUR DIRECT SUPERVISOR

Start Date:	**Job Title:**
Full-time: (32+ hours a week): Y ◯ N ◯	**Part-time (less than 32 hours):** Y ◯ N ◯
Average weekly hours worked:	***Direct Patient Care hours per week:**
% direct patient care:	**% other (please specify):**
Supervisory Role: ONLY if applicant is considered a supervisor, please complete percentage of time below. I verify that the applicant's percentage of time is used as follows:	
% supervising:	**% administration:**

If called upon, the applicant uses the following language(s) in addition to English while in the work environment or within the community they serve:

Name (please print):	**Title:**
Phone/Ext:	**Fax:**
Email:	

1. I understand that, should the applicant be awarded, I agree to sign Progress Reports verifying that this employee is providing direct patient care until the service obligation is complete.
2. I declare under penalty of perjury that the information contained in this section is true and correct to the best of my knowledge.

Signature: **Date:**

*"Direct patient care" means the provision of healthcare services directly to individuals being treated for, or suspected of having physical or mental illness. Direct patient care includes preventive care. The first line supervision of direct patient care is considered direct patient care.

Applicant: Upload this form and input the information provided above https://eapp.oshpd.ca.gov/funding/.