**SAMPLE “EMPLOYER VERIFICATION OF HOURS” LETTERS**

Dear ACVREP Staff:

(***Insert name of ACVREP certificant****)* has been an/a (***insert name of discipline, e.g., Orientation and Mobility Specialist, Vision Rehabilitation Therapist, Low Vision Therapist***) on our staff (***insert percentage of time, e.g., 100%, 80%, 50%***) of the time from (***insert the time period, e.g., January 1998 through January 2003***)*.* In that time, I verify that (***insert name of ACVREP certificant***) has completed (***insert number of direct service hours***) direct service hours in (***insert name of discipline***).

(***Insert name of supervisor underneath his/her signature***) (***Insert title of supervisor***)

**OR**

Dear ACVREP Staff:

(***Insert name of ACVREP certificant****)* has been an/a (***insert name of discipline, e.g., Orientation and Mobility Specialist, Vision Rehabilitation Therapist, Low Vision Therapist***) on our staff from (***insert the time period, e.g., January 1998 through January 2003***)*.* In that time, I verify that (***insert name of ACVREP certificant***) has completed at least 360 hours of direct service in (***insert name of discipline***).

(***Insert name of supervisor underneath his/her signature***) (***Insert title of supervisor***)

**PLEASE NOTE: All letters must be dated, signed by the supervisor, and appear on the organization’s letterhead.**