

Name of Employer: _____

Address of Employer: _____

Dear Credentialing Specialist,

The intent of this letter is to serve as verification of employment for the purpose of obtaining an Early Childhood Credential in NH through the Department of Health and Human Services, Office for Child Development, Division of Children, Youth and Families.

Name of applicant	
Employment dates (to-from)	
Position/s held	
Average hours per week	
Age range of children	

Thank you for considering this applicant for a credential.

Supervisor Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

Email: _____