[ORGANIZATION LOGO]

Date:

Dear, HPSJ,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_, [Name of Supervising Provider or Supervising Organization] attest \_\_\_\_\_\_\_\_\_\_\_\_\_[ CHW Name] has complete the following:

**[Please modify the list below]**

* [CHW] has completed over 2,000 hours of work experience as a \_\_\_\_\_\_\_\_\_\_\_\_\_
* [Description of the type of work experience]
* [Setting of work experience]
* [Dates of work experience]
* [CHW Name] will complete and earn a valid certificate of required curriculum within 18 months of the first CHW visit provided to an HPSJ-MVHP member.
* [CHW Name] will receive 6 additional hours of additional relevant training annually.

Sincerely,

[Signature]