



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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SAMPLE VERIFICATION OF EMPLOYMENT AS A VOLUNTEER

Required when the Associate is a volunteer

Date:

Associate name:

Employer name:

SAMPLE

This letter serves as verification that (Associate's name) was employed by (Employer's name) as a volunteer from (Start date) to (End date).

Employer's Authorized Representative Printed Name and Title

Employer's Authorized Representative Signature

Date

NOTE:

This is a SAMPLE letter. The actual letter must be written on the employer's letterhead. The AMFT is required to submit this letter with the application for licensure.