

# VERIFICATION OF EMPLOYMENT

FOR CASE MANAGEMENT CERTIFICATION

Applicant Printed Name: \_\_\_\_\_

*I verify that this information is true and correct*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

***TO BE COMPLETED BY PERSON VERIFYING EMPLOYMENT (Please Print)***

---

Agency Name: \_\_\_\_\_

Agency NPI#: \_\_\_\_\_

Applicant's Hire Date: \_\_\_\_\_

Name of person verifying: \_\_\_\_\_

Title/Position of person verifying: \_\_\_\_\_

Agency contact phone# \_\_\_\_\_

Agency contact email: \_\_\_\_\_

*I verify that the above information is true and correct:*

Signature of person verifying: \_\_\_\_\_ Date: \_\_\_\_\_

*After agency completes this Verification of Employment form please fax to 405-366-2304 or email to [Ramona.Gregory@odmhsas.org](mailto:Ramona.Gregory@odmhsas.org)*