

SAMPLE EMPLOYER LETTER

MUST BE ON COMPANY/FACILITY LETTERHEAD

TODAY'S DATE

MI Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems
Attn: Nurse Aide Registry
P.O. Box 30664
Lansing MI 48909

To Whom It May Concern:

This letter is to inform you that **(NAME OF CNA)** has been employed by **(NAME OF FACILITY/AGENCY)** from **(DATE OF HIRE)** to **(PRESENT OR LIST TERMINATION DATE)** as a Certified Nurse Aide (CNA).

She/He has worked at least 8 consecutive hours during the last 24 months performing nursing or nursing related services for pay under the supervision of a licensed Registered Nurse, **(NAME OF RN AND LICENSE NUMBER)**.

Sincerely,

NAME AND SIGNATURE OF THE FACILITY ADMINISTRATOR OR DIRECTOR OF NURSING OVERSEEING YOU AND YOUR DUTIES.

NOTE:

- **WE DO NOT ACCEPT PHOTOCOPIES OR FAXES OF THE EMPLOYER LETTER AND IT MUST BE ON FACILITY LETTERHEAD.**