

Oklahoma Department of Mental Health
and Substance Abuse Services

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 **DO NOT SEND SEPERATELY**- MUST ACCOMPANY EITHER EXAM RESULTS OR RENEWAL SUMMARY FORM.*