Work History / Employment Verification Request

All Things Credentialing · Your one-stop shop for credentialing, privileging & enrollment

Letter and response form for a current or past employer, group practice, staffing or locum tenens agency, or other practice setting. Use the Hospital Affiliation Verification Request for hospital medical staff appointments. Attach the practitioner's signed authorization and release.

GENERAL TEMPLATE — NOT LEGAL ADVICE. This document is a generic starting point from All Things Credentialing. It is not tied to any specific accreditor's standards, state law or payer contract. Adapt it to your bylaws, policies, current accreditation standards and applicable law, and have it reviewed by your compliance team or counsel before use.

Date of request	
To (Human Resources / Practice Manager / Medical Director)	
Address / fax / secure email or portal	
From (organization)	
Contact name, title	
Phone / email for response	
Our reference #	
Please respond by (date)	

The practitioner named below has applied for appointment, privileges or participation with our organization and lists your organization in their work history. A signed authorization and release is attached. Please complete and return the form to the contact above, or tell us how to use your verification process.

Information you provide will be kept confidential and used only for credentialing and peer review purposes, as permitted by applicable law and our policies.

Part 1 — Practitioner (completed by requesting organization)

Full name	
Other / former names	
Degree / provider type	
Specialty	
NPI	
Position reported by practitioner	
Employment dates reported (MM/YY – MM/YY)	

Part 2 — Employment details (completed by employer)

Start date (MM/YY)	
End date (MM/YY) or "current"	
Position / title	
Relationship: ☐ Employed ☐ Independent contractor ☐ Locum tenens ☐ Other	
Full-time / part-time	
Practice location(s)	
Reason employment ended (if applicable)	
Eligible for rehire? ☐ Yes ☐ No ☐ Policy does not permit response	

Part 3 — Standing and conduct

Question	Yes	No / details
Was the practitioner in good standing throughout employment?	☐	☐
Was the practitioner ever disciplined, suspended, placed on a performance improvement plan, or terminated for cause?	☐	☐
Did the practitioner resign while under investigation, or to avoid investigation or discipline?	☐	☐
Were any professional liability claims made involving the practitioner's work for you (if known)?	☐	☐
Is any investigation or corrective action currently pending?	☐	☐

If you answered "No" to the first question or "Yes" to any other, please explain or tell us whom to contact.

Explanation / whom to contact	

Completed by (responding organization)

Name	
Title	
Organization / department	
Phone / email	
Signature	
Date completed	
Source used (e.g., official records, database)	

Please return this form with your organization's letterhead or official seal if that is your normal practice. Thank you for your assistance.

Attachment — Work history summary and gap log (for credentialing office use)

NAMSS's Industry Credentialing Standards (voluntary) recommend a chronological list of employers since training completion in MM/YY format, primary-source verifying at least the past five years of practice history, a written explanation of any gap over 30 days, and the DD214 if the applicant was discharged from the military within the past five years. Follow your own policy and accreditor standards.

From (MM/YY)	To (MM/YY)	Organization / setting	Role	Verified (date / source)	Gap > 30 days? Explanation received

Discharged from military in the past 5 years? DD214 received (date)	
Reviewed by / date	