

Recertification Letter of Confirmation



Continuing Education

This form letter is to be used for non-traditional training courses and must be signed by the Instructor or Human Resources Department.

Date: _____ Certification (CPT or CLT): _____

Candidate ID: _____ Candidate Name: _____

Start Date: _____ Title of Course: _____

End Date: _____ Training Provider: _____

Course Description: _____
(Or attach description
from training provider) _____

The Verifier must be the Instructor or HR representative of the company. By signing below, you confirm that the above named candidate is or was employed at your company for the time note above.

Verifiers
Signature: _____

Date: _____

Print Name: _____

Title: _____

Company: _____

Candidate
Signature: _____

Date: _____

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Employment

This form letter is to be used for non-traditional training courses and must be signed by the Instructor or Human Resources Department.

Date: _____ Certification (CPT or CLT): _____

Candidate ID: _____ Candidate Name: _____

Start Date: _____ Candidate Job Title: _____

End Date: _____ Name of Employer: _____

Job Description: _____
(Or attach description
from employer) _____

The Verifier must be the HR representative of the company. By signing below, you confirm that the above named candidate is or was employed at your company for the time note above.

Verifiers
Signature: _____

Date: _____

Print Name: _____

Title: _____

Company: _____

Candidate
Signature: _____

Date: _____

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Employment - Instructors

This form letter is to be used for employment verification and must be signed by the Instructor or Human Resources Department.

Date: _____ Certification (CPT or CLT): _____

Candidate ID: _____ Candidate Name: _____

Start Date: _____ Candidate Job Title: _____

End Date: _____ Name of Employer: _____

MSSC # of MSSC
Authorized? _____ Courses Taught: _____

Courses Taught: _____
(Or attach list)

The Verifier must be the HR representative of the school or Dean of the department. By signing below, you confirm that the above named candidate is or was employed at or through your company for the time noted above.

Verifiers
Signature: _____

Date: _____

Print Name: _____

Title: _____

Company: _____

Candidate
Signature: _____

Date: _____

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Extra – General Volunteer

This form letter is to be used for volunteer activities and must be signed by the volunteer coordinator or other official representative of the volunteer organization.

Date: _____ Certification (CPT or CLT): _____

Candidate ID: _____ Candidate Name: _____

Start Date: _____ Volunteer Function: _____

End Date: _____ Name of Employer: _____

Volunteer Description: _____
(Or attach description
from agency) _____

The Verifier must be employed by the volunteer organization. By signing below, you confirm that the above named candidate performed the volunteer services as described above.

Verifiers
Signature: _____

Date: _____

Print Name: _____

Title: _____

Company: _____

Candidate
Signature: _____

Date: _____

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Extra – Membership

This form letter is to be used for volunteer activities that include service on Boards, Committees and Panels of manufacturing or logistics organizations. If you are on an MSSC Committee or Panel, you do not need to complete this form. If you are on another committee or panel and there is a published list of this group, you may provide only the list that shows your membership. If no such list exists, you must have this form signed by the committee chair or secretary.

Date: _____ Certification (CPT or CLT): _____

Candidate ID: _____ Candidate Name: _____

Start Date: _____ Group Name: _____

End Date: _____ Name of Organization: _____

Volunteer Description: _____
(Or attach description
from agency) _____

The Verifier must be employed by the volunteer organization. By signing below, you confirm that the above named candidate performed the volunteer services as described above.

Verifiers
Signature: _____

Date: _____

Print Name: _____

Title: _____

Company: _____

Candidate
Signature: _____

Date: _____