

**SAMPLE VERIFICATION LETTER OF EMERGENCY MEDICINE HOURS**  
**(MUST BE ON HOSPITAL/COMPANY LETTERHEAD)**

Current Date

Board of Certification in Emergency Medicine  
ABPS  
5550 W Executive Drive, Ste 400  
Tampa, FL 33609

RE: (Applicants Name)

Please let this letter serve as verification that Doctor \_\_\_\_\_  
has been employed as an Emergency Medicine physician at the above  
hospital from calendar years 2002 to present date.

Itemizations of his/her years (2002-2006) and hours worked are as follows:

<u>YEAR</u>	<u>HOURS</u>	<u>STATUS</u>
2002.....	1600.....	FULL TIME
2003.....	1800.....	FULL TIME
2004.....	2500.....	FULL TIME
2005.....	2800.....	FULL TIME
2006.....	1450.....	FULL TIME

Sincerely,

(Hospital Administrator, Chief of Staff, Medical Records  
Director, or Chairman of an Emergency Room Department)

**NOTE:** In order to be considered as full time, you must accumulate a  
minimum of 1,400 hours in a consecutive 12-month period.