Certificate Of Employment

For Health Care Workers

**Date:** [Insert Date]

To Whom It May Concern,

This is to certify that **[Employee's Full Name]**, [Nationality], has been employed as a health care professional at **[Hospital/Clinic/Healthcare Institution Name]**. The employment details are as follows:

* **Position:** [Job Title, e.g., Registered Nurse, Medical Technician, Caregiver]
* **Department:** [Department, e.g., Emergency, Surgery, Pediatrics]
* **Employment Type:** [Full-Time/Part-Time, Permanent/Temporary]
* **Employment Duration:** From [Start Date] to [End Date]/Currently Employed
* **Work Hours:** [Number of Hours per Week]
* **Salary:** [Monthly/Hourly Rate]

Throughout their tenure, **[Employee’s Full Name]** has demonstrated exceptional professionalism, compassion, and dedication in providing quality patient care. Their expertise and commitment to health and well-being have been instrumental in supporting both patients and colleagues.

This certificate is issued at the request of **[Employee’s Full Name]** for any purpose it may serve.

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**[Authorized Signatory’s Name]**  
[Designation]