



IMSA

The Leading International Resource for Information, Education
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Letter of Confirmation

I, _____, do hereby attest that I am currently active and/or am

currently employed in the field of _____ that relates to the certification of

_____ that I currently hold. My current employer is _____
(Please insert the name of the certification program you wish to renew.)

Signature _____ Date: _____

Printed Name _____ Day Phone: _____

Mailing Address _____, City _____
(Preferred)

State/Providence _____ Zip or Postal Code _____

Social Security/Social Insurance #: _____
(Optional)

Please make copies of this form for each certification you wish to renew. Thank you!