

**OFFICE LABORATORY ASSISTANT EMPLOYMENT VERIFICATION FORM**

Instructions: Print this form. Be prepared to upload the completed, signed and dated form during your online application process. Instructions for submission will be provided during your online application process.

Office Laboratory Assistant Applicant Name: \_\_\_\_\_

Laboratory Director Name: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_

Laboratory License Number (currently licensed laboratory): \_\_\_\_\_; OR

Laboratory Application Online Verification Number (laboratory has applied for a license but has not received it yet): \_\_\_\_\_

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I certify that the office laboratory assistant applicant named above is employed by the laboratory named on this document.

Laboratory Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

❖ This form must be signed by the laboratory director; no other signature will be accepted.