Insert Date (e.g. March 19, 2021)

Program Code: OT001135

Dear Virginia Board of Nursing:

As the (insert Director of Nursing or Facility Administrator), I attest that the individual listed in this letter has been deemed competent and is working at this facility as a *Temporary Nurse Aide*, as authorized under Executive Order 57.

On behalf of our facility, the below required information is provided to the Board regarding this individual:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First/Last Name** | **DOB** | **SSN** | **Candidate ID #** | **Dates Employed** |
| Jane Doe |  |  |  | m/dd/yyyy – m/dd/yyyy |

If you need additional information please contact me by email at (insert email address) or by phone at (insert phone number). Thank you.

Sincerely,

*Signed*

(Insert Full Name)

Title: Director of Nursing or Facility Administrator