

[Your Name]
[Your Title]
[Your Institution/Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Recipient Institution/Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Verification of IV Insertion Procedure Training

I am writing to formally verify that [Name of the individual] has successfully completed the IV insertion procedure training program at [Your Institution/Organization] on [Date of completion].

Throughout the training, [Name] demonstrated proficiency in the necessary skills and knowledge required for the safe and effective execution of intravenous catheter insertion. This included understanding of anatomy, aseptic techniques, and post-procedural care.

Additionally, [Name] has completed the required clinical hours and has successfully passed all evaluations associated with the program.

Please feel free to contact me if you require any further information or clarification regarding [Name]'s training and capabilities.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]
[Your Institution/Organization]