[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
National Registry of Emergency Medical Technicians
6633 Everhart Road, Suite C
Corpus Christi, TX 78413
Subject: Letter of Verification for NREMT Certification
Dear NREMT Verification Team,
I am writing to request verification of my National Registry of Emergency Medical Technicians (NREMT) certification. Below are my details for your reference:
- Full Name: [Your Full Name]
- NREMT Certification Number: [Your Certification Number]
- Date of Birth: [Your Date of Birth]
- State: [Your State]
- Certification Level: [EMT/Paramedic/etc.]
I kindly ask that you provide verification of my certification status, including any expiration dates and any continuing education requirements I may need to fulfill.
Thank you for your assistance in this matter. If you need any more information, please feel free to contact me at the above phone number or email.
Sincerely,
[Your Name]
[Signature (if sending by mail)]