

[Your Institution's Letterhead]

[Date]

[Instructor's Name]

[Instructor's Address]

[City, State, Zip Code]

Dear [Instructor's Name],

Subject: XC Certification Verification

We are pleased to inform you that you have successfully completed the requirements for the XC certification. This certification acknowledges your proficiency and dedication to [specific skills or knowledge areas related to XC].

As an instructor, your certification reflects your capability to [mention key competencies or responsibilities]. We trust that you will continue to uphold the highest standards in your instructional practices.

The details of your certification are as follows:

- Certification Title: XC Certification
- Certification ID: [Certification ID]
- Date of Issue: [Date]
- Expiration Date: [Expiration Date, if applicable]

Please keep this letter for your records and present it when necessary to validate your certification. Should you have any questions or require further information, do not hesitate to reach out.

Congratulations on your achievement!

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Contact Information]