Sample letter format to be used on school/institutional letterhead. It is the responsibility of the board-approved career specialist pedagogy program provider to verify candidate completion (511 IAC 16-4-6, Sec. 6, (h)).

[Date]

[Name]

[Title]

[Name of Board-Approved Provider]

[Address]

To Whom It May Concern (or IDOE):

The purpose of this letter is to verify that [**Name of Completer**] completed our board-approved pedagogy component on [**date**].

Please feel free to contact me at [**email address or phone number**] if you have questions or concerns.

Sincerely,

[Signature]