NOSM UNIVERSITY | Undergraduate Medical Education

Applicant Employment Verification Form

Section I: Applicant Information

Applicant Name: _____ OMSAS Ref No: _____

Section II: Supervisor Information

Supervisor Name: _____ Organization/Dept: _____ Position Title: _____

Address: _____ City: _____ Postal Code: _____

Area Code + Phone Number: _____ Email Address: _____

Section III: Applicant Employment Information & Supervisor Confirmation (*to be completed by Supervisor*)

☐ I confirm that I am the direct supervisor, manager, and/or employer of _____.
(enter applicant's name)

Position Title	Community Name/ Geographical Area Served	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	# of weeks/year	# of hours/week	Capacity/Type of Service

Supervisor Signature: _____