

## Professional Activity Documentation

Program Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date : \_\_\_\_\_

Re: Professional Activity Documentation for: \_\_\_\_\_

Dear Credentialing Specialist:

This letter serves as verification that \_\_\_\_\_ has completed the professional activity (as listed in the PA Matrix) \_\_\_\_\_ in the core knowledge area (as listed in PA matrix) \_\_\_\_\_. This activity was completed on \_\_\_\_\_.

If you have any further questions, please feel free to contact me.

Sincerely,

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_