<Date Month Year>

To whom it may concern

Evidence for audit of compliance – Statement from Employer – PII

I confirm that [insert employee’s name] with the registration number [insert Ahpra registration number] was employed [full-time/part-time/casually] as an Optometrist during the period 1 October [insert year] to the present, and was indemnified by the employer’s Professional Indemnity Insurance cover.

Yours sincerely

<Name>

<Position>

<Organisation>

<Address line 1>

<Address line 2>

<SUBURB STATE PCODE>

[The contents of this letter need to be copied onto organisational letterhead and signed.

Once completed, this will need to be forwarded to Ahpra with other required evidence.]