

Sample employer certification of eligibility letter for Address Confidentiality  
Program (ACP) for health care providers

LETTERHEAD

DATE

Oregon Department of Justice  
Civil Rights Unit  
1162 Court St NE  
Salem, OR 97301

To Whom It May Concern,

This letter is to verify the employment status of NAME as a ROLE for consideration of HIS/HER/THEIR application for the Oregon Address Confidentiality Program. NAME is a current employee at the HEALTH CARE INSTITUTION as of TODAY'S DATE, and holds the title of TITLE within the Department of DEPARTMENT NAME. As a licensed ROLE in the state of Oregon, NAME is an individual who is authorized in this state to provide services and treatments that include but are not limited to physical and behavioral health care services, and who provides reproductive and gender-affirming health care services.

If you have any questions or require further information, please feel free to contact me at NUMBER or EMAIL.

Sincerely,

NAME

AGENCY

ROLE

CONTACT INFO