**TEMPLATE**

*[The contents of this template must be copied onto company letterhead.*

*When completed and signed by the employer, the employee will forward it to AHPRA with other required evidence.]*

<Date Month Year>

**PUBLIC SECTOR EMPLOYEE**

To whom it may concern

Evidence for audit of compliance - Statement of Employer – Professional Indemnity

I confirm that [insert employee’s name] with the registration number [insert AHPRA registration number] is currently employed as a Chinese medicine practitioner and is indemnified by the employer’s Professional Indemnity Insurance cover for the **period 1 December 2016 until present.**

Yours sincerely

<Name>

<Position>

<Organisation/company>

<Address line 1>

<Address line 2>

<SUBURB STATE PCODE>