



CLEAR LEARNING

NATIONAL CERTIFIED INVESTIGATOR & INSPECTOR TRAINING

BASIC PROGRAM

NCIT Basic Supervisor Form

Today's Date:

To Whom It May Concern:

I am writing this letter to verify the employment of the individual listed below as well as any additional information that will confirm this employee's eligibility for CLEAR NCIT Basic Certification.

Applicant Information:

Name (First, Last):

Job Title:

Name of Employer:

Date of Hire (mm/dd/yyyy):

Format of NCIT Basic Program: Online In-Person

Location of NCIT Basic Program if In-Person (City, State):

Start Date of NCIT Program (mm/dd/yyyy):

If employee's title is not Investigator/Inspector, but the employee still performs similar duties, please briefly explain below. (Optional)

If further confirmation is needed, I can be reached at the following information:

Name:

Email:

Title:

Phone:

Organization:

Address:

Best Regards,

(E-signature or actual physical signature is required.)