**Professional Certification Verification Form**

**Purpose:** This form is used to verify the authenticity of professional certifications claimed by an employee or job applicant.

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | John Doe | Employee ID / Applicant ID | 10245 |
| Job Title / Position Applied For | Project Manager | Department | Operations |
| Contact Number | +1 555-123-4567 | Email Address | john.doe@email.com |

1. **Certification Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Certification Name** | **Issuing Authority / Institution** | **Certification ID / Number** | **Date Obtained** | **Expiry Date** | **Status Verified (Yes/No)** | **Notes** |
| Project Management Professional (PMP) | PMI | 123456 | 15-Mar-2022 | 15-Mar-2025 |  |  |
| Certified Scrum Master (CSM) | Scrum Alliance | 789012 | 20-Jan-2023 | 20-Jan-2026 |  |  |
| AWS Solutions Architect | Amazon Web Services | AWS-33321 | 05-Feb-2021 | 05-Feb-2024 |  |  |

**Instructions:**

* Include all certifications relevant to the employee’s role.
* Verify each certification with the issuing authority.
* Fill in “Status Verified” as Yes/No and add any remarks in Notes.

1. **Verification Method**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certification** | **Verification Method** | **Verified By** | **Date Verified** | **Remarks** |
| PMP | Online Verification Portal | HR Officer | 12-Nov-2025 | Verified successfully |
| CSM | Email Confirmation | HR Officer | 13-Nov-2025 | Verified, certificate valid |
| AWS Solutions Architect | Phone Call to AWS | HR Officer | 14-Nov-2025 | Verified, valid till 2024 |

**D. Verification Summary**

| **Total Certifications Claimed** | **Total Verified** | **Total Unverified** | **Remarks** |
| --- | --- | --- | --- |
| 3 | 3 | 0 | All certifications verified successfully |

**E. Declaration**

I hereby declare that the information provided above is accurate to the best of my knowledge. Verification has been conducted following standard HR procedures.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee / Applicant Name:** |  | | |
| **Signature:** |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HR Officer Name:** |  | | |
| **Signature:** |  | Date: |  |