It is hereby confirmed that

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| --- | --- | --- | --- |
| Name and surname: |       | Date of birth: |       |

has performed continuous satisfactory work activity without significant interruption\* in the methods, sectors and levels, for which he/she is certified, which is proved by at least one verifiable documentary evidence per annum, within the individual´s certification validity.

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| --- | --- | --- | --- | --- | --- |
| Employer | Contact person (name, e-mail, phone) | Method / Level | Sector | Documentary evidence\*\* | Date of work activity |
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\***significant interruption** – absence or change of activity which prevents the certified individual from practicing the duties corresponding to the level in the method and the sector(s) within the certified scope, for either a continuous period in excess of one year or two or more periods for a total time exceeding two years. NOTE: Legal holidays or periods of sickness or courses of less than 30 days are not taken into account when calculating the interruption.

\*\***documentary evidence** –for example no. of project, no. of report, no. of procedure / written instruction in which the individual participated

To the best of my belief, I confirm the applicant´s statements given above are correct at the time of signing.

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|       |       |       |
| Date | Function of the person confirming continuous work activity | Name, signature and stamp of employer representative confirming continuous work activity |