OKLAHOMA
Mental Health &
Substance Abuse

Verification of Employment Form

Case Management Certification Only

Applicant Printed Name: _____

I verify that this information is true and correct

Signature of Applicant:_____ Date: _____

Agency Name: _____

Agency NPI#: _____

Applicant's Hire Date: _____

Name of person verifying: _____

Title/Position of person verifying: _____

Agency contact phone# _____   **Agency contact email:** _____

I verify that the above information is true and correct:

Signature of person verifying:_____   **Date:**_____

After agency completes this Verification of Employment form, please email to
Ramona.Gregory@odmhsas.org

DO NOT SEND SEPERATELY- MUST ACCOMPANY EITHER EXAM RESULTS OR RENEWAL
SUMMARY FORM.

REVISED 6/12/2025 - JM