**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>

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 Osteopath and is indemnified by the employer’s Professional Indemnity Insurance cover for the **period 1 December** [insert year]  **until present.**

I confirm that the Professional Indemnity Insurance cover meets the requirements of the version of the [*Professional Indemnity Insurance Arrangements Registration Standard*](http://www.osteopathyboard.gov.au/Registration-Standards.aspx) that is applicable to the above stated period.

OR

I confirm that the above employee has been provided with the detail of their employer’s Professional Indemnity Insurance cover to inform their own assessment of their compliance with the Osteopathy Board of Australia’s new *Professional Indemnity Insurance Arrangements Registration Standard*s.

Yours sincerely

<Name>

<Position>

<Organisation/company>

<Address line 1>

<Address line 2>

<SUBURB STATE PCODE>