

Organization Letterhead

Date

BDO  
200 Park Ave, 38th Floor  
New York, NY 10166

RE: Verification of **Your Name** for CNAP Qualification

Please let this letter serve as verification that **Your Name**, currently in the **full-time/part-time** position of **Your Title/Role** for **your organization**, has served in the day-to-day financial operations of our nonprofit organization from **start Month, year** – **end Month, year**.

Please contact me as needed if any further information is required.

Sincerely,

**Your Supervisor's Name**

**Your Supervisor's Title**

**Your Organization**

**Email**

**Phone number**