| Organization Letterhead |  |  |  |
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Date

BDO FMA

600 Third Avenue, 3rd Floor

New York, NY 10016

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