

**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 by Employer**

I confirm that [insert employee's name] with the registration number [insert AHPRA  
registration number] is currently employed as a Chiropractor and is indemnified by the  
employer's Professional Indemnity Insurance cover for the **period from 1 December 2016 to  
the present.**

I confirm that the Professional Indemnity Insurance cover meets the requirements of the  
Chiropractic Board of Australia's *Professional Indemnity Insurance Arrangements Standard's*  
relevant during the above period. ( [http://www.chiropracticboard.gov.au/Registration-  
Standards.aspx](http://www.chiropracticboard.gov.au/Registration-Standards.aspx))

Yours sincerely

<Name>

<Position>

<Organisation/company>

<Address line 1>

<Address line 2>

<SUBURB STATE PCODE>