**June 21, 2018**

CAMHD Credentialing Specialist

Healthcare Systems Management Office (HSMO)

State of Hawaii, Department of Health (DOH)

Child and Adolescent Mental Health Division (CAMHD)

3627 Kilauea Avenue, Room 101

Honolulu, HI 96816

**Re:** Click or tap here to enter text.

Dear CAMHD HSMO, Credentialing Section:

I attest that the attached is a complete application per CAMHD P&P 80.308 or 80.308.1. Attached please find the copies of primary source verifications for the above, named practitioner. By way of this letter, I am attesting that we have the originals of all submitted primary source verifications and that we received this information directly from the primary source or through a primary source verification service contractor. The originals are maintained in a separate credentialing file for the above provider here at the agency.

I further attest that this application meets the Click or tap here to enter text. Human Resources and job requirements to fill the position of Click or tap here to enter text.and Click or tap here to enter text. is in good faith recommending him/her for work with CAMHD youth.

If you have any further questions or concerns, please feel free to contact me at Click or tap here to enter text..

Sincerely,

Click or tap here to enter text.

Click or tap here to enter text.