**Experience Certificate**

**To Whom It May Concern**

This is to certify that [Doctor's Full Name] has been employed as a doctor at [Name of Medical Institution] from [Start Date] to [End Date].

Dr. [Last Name] displayed remarkable leadership qualities, serving as a role model for other medical staff and interns. S/he effectively collaborated with multidisciplinary teams, fostering a collaborative and patient-centric approach to healthcare. Dr. [Last Name] also exhibited excellent decision-making abilities, handling complex medical cases with precision and compassion.

We are confident that Dr. [Last Name] will continue to excel in his/her medical career and make significant contributions to the field of healthcare. S/he have proven themselves to be an invaluable asset to our medical institution.

Should you require any further information regarding Dr. [Last Name]'s employment or professional qualifications, please do not hesitate to contact us.

Sincerely,

[Organization Name]  
[Organization Address]  
[Organization contact number]  
[Email/postal address]

[Organization Head Designation]  
[Department]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: [DD/MM/YY]