**Place:   
Date:**

**To Whomsoever It May Concern**

This is to certify that Dr. [Doctor name] worked as a Critical Care Specialist in our hospital from **[Date]** to **[Date**].

During his/her years of service, he/she provided the highest level of timely care to critically ill patients.

We wish him/her great success in his future endeavours.

For "**The Company Name**",

Authorized Signatory.