



**PUBLIC INTEREST INTERNSHIP PROGRAM
2026 EMPLOYER VERIFICATION FORM**

Please have your sponsoring organization complete the following form and return it along with your application.

Name of Organization _____

Name of Supervisor/Hiring Attorney _____

Name of Intern _____

Timeframe of Internship _____

CERTIFICATION

- I hereby certify that the intern has been offered an unpaid summer internship in Georgia.
- I hereby certify that the internship is for a minimum of ten (10) weeks and 400 hours with my organization.
- I also certify that the intern will be working under the supervision of an attorney for the duration of the internship. I certify that I am an employee of the sponsoring organization, responsible for hiring or supervising the intern.

Signed _____ Date _____

By typing my name above, I certify the statements herein to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my application.