Licensure Verification Form

I am applying for a license to practice medicine in _____. The Board requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. Please complete the form and return it directly to the following Board:

To be completed by applicant

Applicant Name:_____
Last First Middle Suffix

Date of Birth:_____Social Security Number: _____License Number:_____

I hereby authorize the licensing agency of the State/Province of _____to furnish the information to the Board indicated below.

Signature of Applicant _____ Date _____

Board Name_____

Address: _____
Street City State Zip Code

TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE

Name of Licensee:_____
Last First Middle Suffix

License Type:_____License Number:_____Issue Date:_____

Is this license current? ☐Yes ☐No Expiration Date:_____

1) Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?

☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain:_____

2) Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner
disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state?

☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain:_____

Affix Board Seal Here

Board Authorized Signature:_____

Title:_____

Date:_____