



Written Verification for State Licensing Board

Member's name _____

Member's ID # _____

Member's Phone # _____

License # or State Board Identification number
(to be included on verification letter) _____

State Licensing Agency _____

Agency's Full Mailing Address _____

The original letter will be forwarded via U.S. mail and a copy will be forwarded to the member.

Note: Letters to Louisiana (LSBME) and FL Department of Health are ONLY forwarded via U.S. mail.

Name of Agency Contact Person, if known
(required if requesting to be sent via fax OR email) _____

Fax: _____

Email: _____

Payment Information:

Amount: \$29.00

Credit Card # _____

Expiration Date _____ Card Verification Code (CVC) _____

Name (as it appears on the card) _____

Signature _____

Email (for receipt) _____

Please submit a separate form for each request.