

To be completed by other State Licensing Board as proof of licensure status:

Licensee Name: _____ License/Registration #: _____

Date Issued: _____ Expiration Date: _____

Is license/registration in good standing? ___ Yes ___ No

Has disciplinary action been taken against this licensee? ___ Yes ___ No (If Yes, please attach action details)

Name of individual completing verification: _____ Position: _____

State Licensing Board: _____ Contact #: (____) _____ - _____ Ext: _____

_____/_____/_____ (Board Seal)
Signature Date