

Completed Professional License Verification Form Sample

Review this **completed professional license verification form sample** to understand the essential details and format required for accurate verification. The form includes fields for personal information, licensing authority, and validation dates. Ensuring proper completion aids in efficient credential authentication processes.

<div><div>Licensesee Information</div><div><div>Full Name:</div><div>Jane A. Doe</div></div><div><div>Date of Birth:</div><div>March 14, 1987</div></div><div><div>Address:</div><div>123 Maple Avenue, Springfield, IL 62701</div></div><div><div>Phone Number:</div><div>(555) 123-4567</div></div><div><div>Email:</div><div>jane.doe@email.com</div></div></div>
<div><div>Licenses Information</div><div><div>Licenses Type:</div><div>Registered Nurse</div></div><div><div>Licenses Number:</div><div>RN1234567</div></div><div><div>Date Issued:</div><div>05/10/2015</div></div><div><div>Expiration Date:</div><div>05/31/2026</div></div><div><div>Current Status:</div><div>Active</div></div></div>
<div><div>Licensing Authority</div><div><div>State Board:</div><div>Illinois Department of Financial and Professional Regulation</div></div><div><div>Contact Number:</div><div>(312) 814-4500</div></div><div><div>Email:</div><div>idfpr@illinois.gov</div></div><div><div>Address:</div><div>320 W. Washington St, Springfield, IL 62786</div></div></div>
<div><div>Verification and Completion</div><div><div>Verification Date:</div><div>06/18/2024</div></div><div><div>Verified By (Print Name):</div><div>Susan K. Miller</div></div><div><div>Title:</div><div>Credentialing Specialist</div></div><div><div>Signature:</div><div></div></div></div>