

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.

Licensee Information

Full Name: Jane A. Doe
Date of Birth: March 14, 1987
Address: 123 Maple Avenue, Springfield, IL 62701
Phone Number: (555) 123-4567
Email: jane.doe@email.com

License Information

License Type: Registered Nurse
License Number: RN1234567
Date Issued: 05/10/2015
Expiration Date: 05/31/2026
Current Status: Active

Licensing Authority

State Board: Illinois Department of Financial and Professional Regulation
Contact Number: (312) 814-4500
Email: idfpr@illinois.gov
Address: 320 W. Washington St, Springfield, IL 62786

Verification and Completion

Verification Date: 06/18/2024
Verified By (Print Name): Susan K. Miller
Title: Credentialing Specialist
Signature: _____