

Medical License Verification Form

This **completed medical license verification form** sample demonstrates the essential information required to authenticate a doctor's professional credentials. It ensures that all necessary fields are accurately filled for regulatory compliance and verification purposes. Using this template helps streamline the validation process for healthcare providers.

Physician Information

Name: Dr. Jane Alexandra Smith
Date of Birth: April 12, 1980
Medical School: Harvard Medical School
Year of Graduation: 2006

License Information

License Number	State/Province	Date Issued	Expiration Date	Status
MD1234567	California	June 15, 2007	June 30, 2025	Active

Verification Details

Disciplinary Actions: None Reported
Board Certifications: American Board of Internal Medicine
Comments: Meets all state licensing requirements. No current or pending restrictions.

Verified By: Linda Morales
Title: Credentialing Specialist
Organization: California Medical Board
Date: March 2, 2024
Signature: _____