

# 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:** \_\_\_\_\_