

Sample Filled Medical License Verification Form

This **medical license verification form** sample demonstrates the proper way to complete the required fields for accurate credential validation. It ensures all essential information, such as personal details and license status, is correctly documented. Using this example helps streamline the verification process efficiently and professionally.

Section 1: Practitioner Information

Full Name: Dr. Emily Rose Bennett
Date of Birth: 1981-06-14
Address: 329 Oakridge Avenue, Portland, OR 97205
Phone Number: (503) 555-2468
Email: emily.bennett@email.com

Section 2: License Details

License Number: MD1659034
State of Issuance: Oregon
Date of Issuance: 2015-08-24
Expiration Date: 2026-08-23
License Status: Active

Section 3: Disciplinary Actions

Has the license ever been suspended or revoked? No

Section 4: Certifying Authority

Verified By: Karen L. Whitmore
Title/Position: Credentialing Specialist
Date: 2024-06-12
Official Stamp/Seal: *(Sample image of stamp or seal attached)*

Note: This is a filled sample for reference. Actual forms may differ by state or institution and must be completed using accurate practitioner data.