

Out-of-State Medical License Verification Form

Use this **out-of-state medical license verification form sample** to streamline the process of confirming a healthcare professional's credentials from another state. This template ensures all essential information is captured for accurate and efficient verification.

Section 1: Applicant Information

Full Name	_____
Date of Birth	_____/_____/_____
SSN (Last 4 digits)	_____
Mailing Address	_____
Phone Number	_____
Email Address	_____

Section 2: License Information to be Verified

State of Original Licensure	_____
License Number	_____
Date Issued	_____/_____/_____
Expiration Date	_____/_____/_____
License Status	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____

Section 3: Requesting Jurisdiction

State/Board Requesting Verification	_____
Contact Person	_____
Email / Phone	_____

Section 4: Release Authorization (to be signed by licensee)

I hereby authorize the release of information pertaining to my out-of-state medical license to the jurisdiction listed above.

Signature of Licensee: _____ Date: ____/____/_____

Section 5: For Licensing Agency Use Only

License Verified By	_____
Date of Verification	_____/_____/_____
Comments / Additional Information	_____