

# 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	_____ _____

This form is an invaluable resource for hospitals and licensing boards managing interstate medical licensure.