

Professional License Verification Form

Use this **professional license verification form** sample to accurately confirm credentials and credentials validity. Follow the included verification instructions to ensure a thorough and efficient validation process. This form is essential for maintaining compliance and trust within your organization.

Section 1: Professional Details

Full Name	
Date of Birth	
License Number	
License Type	
Issuing Authority	
Date of Issue	
Expiration Date	
Status (Active/Inactive/Other)	

Section 2: Verification Details (To Be Completed by Licensing Authority)

Is the license current and in good standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any disciplinary actions on record?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: <div></div>
Additional Comments or Notes	<div></div>

Section 3: Licensing Authority Confirmation

Name of Verifier	
Title/Position	
Signature	
Date	
Contact Information	

Verification Instructions

1. Request the professional to complete **Section 1** with their current license details.
2. Send or deliver the partially completed form to the respective **Licensing Authority** for official completion of **Section 2 & 3**.
3. The Licensing Authority must verify their records and confirm the license status and any disciplinary actions, then complete, sign, and date the form.
4. Review the completed form for accuracy and completeness before considering validation finalized.
5. Retain a copy of the verified form for your organization's compliance records.

Note: If any discrepancies are found, follow organizational policies for further investigation before approval.