

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 style="border: 1px solid black; height: 50px; width: 100%;"></div>
Additional Comments or Notes	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>

Section 3: Licensing Authority Confirmation

Name of Verifier	
Title/Position	
Signature	
Date	
Contact Information	

Verification Instructions

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