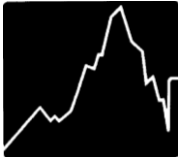
	<b>COMMONWEALTH OF VIRGINIA</b> <b>Board of Medicine</b> 9960 Mayland Drive, Suite 300      (804) 367-4600 (Tel) Henrico, Virginia 23233      (804) 527-4426 (Fax) <a href="http://www.dhp.virginia.gov/medicine">www.dhp.virginia.gov/medicine</a> <a href="mailto:medbd@dhp.virginia.gov">medbd@dhp.virginia.gov</a>		
	Verification of your Virginia license		

**ATTENTION: MD, DO, PA** - If you are an MD, DO, or PA and need a license verification sent to a licensing board in another state or U.S. territory, you must go to [www.veridoc.org](http://www.veridoc.org) to complete this process. Please do not send forms to the Virginia Board requesting a license verification be sent to another state medical licensing board. All United States medical licensing boards accept VeriDoc license verifications in lieu of the state form. You may complete and submit this form following the instructions below **ONLY** if you require a verification to be sent to a hospital, credentialer or to another country.

**ALL OTHER PROFESSIONS** - Please type or print all **required** fields and submit the form along with required **\$10.00** verification fee to the address above. The fee can be in the form of a personal check or money order made payable to the "Treasurer of Virginia". Please complete a separate request form for each verification. **PLEASE NOTE: Verification requests received without a fee will not be processed.** Please allow approximately 7-10 business days for processing.

**CURRENT INFORMATION ON LICENSE OR REGISTRATION:**

<b>First Name</b>	<b>Last Name</b>	<b>Maiden or Middle Initial</b>
<b>License or Registration Number</b>	<b>Last four digits of your Social Security Number</b>	
	<b>XXX-XX-</b>	
<b>Email address (*optional)</b>	<b>Phone Number:</b>	

**VERIFICATION OF MY VIRGINIA LICENSE is to be:**

Mailed **ONLY** - \$10.00\*  
 Emailed **ONLY** - \$10.00\*  
 Mailed and Emailed - \$20.00

<b>Contact Name:</b>	<b>Mailing address:</b>
<b>Email address:</b>	<b>Phone Number:</b>

**\*If a fee of \$10.00 is received with no indication of how the verification is to be processed, the Board will default to a mailing address for the jurisdiction/entity.**

**SIGNATURE OF LICENSEE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Your signature authorizes the Virginia Board of Medicine to furnish license information to person/entity listed above.

-----**FOR OFFICE USE**-----

**APPLICANT ID #**

**RECEIPT #**

--	--