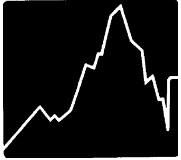
	<b>COMMONWEALTH OF VIRGINIA</b> <b>Board of Medicine</b> 9960 Mayland Drive, Suite 300 (804) 367-4600 (Tel) Henrico, Virginia 23233 (804) 527-4426 (Fax) <a href="http://www.dhp.virginia.gov/medicine">www.dhp.virginia.gov/medicine</a> <a href="mailto:medbd@dhp.virginia.gov">medbd@dhp.virginia.gov</a>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

Please type or print all **required** fields and submit the form along with the \$10.00 processing 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". If your verification is to be mailed **and** emailed to another jurisdiction or credentialer, please enclose a fee of **\$20.00 for both services**. **Forms received without the fee(s) will not be returned. 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>

**PLEASE EMAIL A VERIFICATION OF MY VIRGINIA LICENSE TO:**

<b>Contact Name:</b>
<b>Email address:</b>

**AND/OR**

**PLEASE MAIL A VERIFICATION OF MY VIRGINIA LICENSE TO:**

<b>State/Jurisdiction/Company</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>

**SIGNATURE OF LICENSEE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Your signature authorizes the Virginia Board of Medicine to furnish license information to the above licensing authority.

**\*FOR EMAILED VERIFICATIONS ONLY** – Your personal email address is only required if you want confirmation when your verification request has been processed- there is no fee to the licensee for this service. The Board will only use your phone number to contact you if we are unable to read or process your request.