



APPLICANT OUT-OF-STATE LICENSURE VERIFICATION

PART I. TO BE COMPLETED BY THE APPLICANT:			
NAME OF APPLICANT (LAST, FIRST, MIDDLE)			
MAILING ADDRESS (STREET AND/OR BOX NUMBER, CITY, STATE, ZIP)			
APPLICANTS EMAIL ADDRESS		HOME AND/OR CELL TELEPHONE NUMBER	
PART II. TO BE COMPLETED BY STATE LICENSING AUTHORITY:			
TITLE OF LICENSE		LICENSE NUMBER	
ISSUE DATE		EXPIRATION DATE	
OBTAINED BY METHOD <input type="checkbox"/> <u>BY EXAMINATION</u> DATE TAKEN: _____ NAME OF EXAM: _____ SCORE: _____	<input type="checkbox"/> <u>BY WAIVER</u>	<input type="checkbox"/> <u>BY ENDORSEMENT</u>	<input type="checkbox"/> <u>BY RECIPROCITY</u>
IS THERE ANY PUBLIC INFORMATION RELATING TO THIS LICENSE?			
<input type="checkbox"/> YES (SPECIFY DETAILS ON A SEPARATE SHEET)		<input type="checkbox"/> NO	
CERTIFICATION BY THE AUTHORIZED LICENSURE OFFICIAL OF THE STATE OF _____			
<input type="checkbox"/> I CERTIFY THAT THE INFORMATION IS CORRECT.			
AUTHORIZED LICENSURE OFFICIAL NAME AND TITLE _____			
STATE SEAL	TITLE OF BOARD _____		
	TELEPHONE NUMBER _____		
	EMAIL ADDRESS _____		
	DATE _____		