



LICENSURE/CERTIFICATION VERIFICATION OF OUT-OF-STATE SUPERVISOR

PART I. TO BE COMPLETED BY THE APPLICANT:

| INSTRUCTIONS | | PLEASE TYPE OR PRINT CLEARLY | |
|--|--|-----------------------------------|--|
| NAME OF APPLICANT (LAST, FIRST, MIDDLE) | | | |
| MAILING ADDRESS (STREET AND/OR BOX NUMBER, CITY, STATE, ZIP) | | | |
| APPLICANT'S EMAIL ADDRESS | | HOME AND/OR CELL TELEPHONE NUMBER | |

PART II. SUPERVISOR'S INFORMATION TO BE VERIFIED:

| | | |
|-----------------|------------------|------------|
| LAST NAME _____ | FIRST NAME _____ | M.I. _____ |
|-----------------|------------------|------------|

PART III. TO BE COMPLETED BY STATE LICENSING AUTHORITY:

| INSTRUCTIONS | | PLEASE TYPE OR PRINT CLEARLY | |
|--|------------------------|------------------------------|--|
| TITLE OF LICENSE | LICENSE NUMBER | | |
| ISSUE DATE | EXPIRATION DATE | | |
| 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 _____ | | |