



**APPLICANT OUT-OF-STATE LICENSURE VERIFICATION/CERTIFICATION**

<b>PART I. TO BE COMPLETED BY THE APPLICANT:</b>			
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	
<b>PART II. TO BE COMPLETED BY STATE LICENSING AUTHORITY:</b>			
TITLE OF LICENSE/CERTIFICATION		LICENSE/CERTIFICATION NUMBER	
ISSUE DATE		EXPIRATION DATE	
OBTAINED BY METHOD			
<input type="checkbox"/> BY EXAMINATION	<input type="checkbox"/> BY WAIVER	<input type="checkbox"/> BY ENDORSEMENT	<input type="checkbox"/> BY RECIPROCITY
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 _____	