



LICENSURE 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. _____
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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 _____		