

	COMMONWEALTH OF VIRGINIA Board of Medicine 9960 Mayland Drive, Suite 300 (804) 367-4600 (Tel) Henrico, Virginia 23233 (804) 527-4426 (Fax) www.dhp.virginia.gov/medicine medbd@dhp.virginia.gov		
	LICENSE VERIFICATION		

Attention: DHP Finance Department

The individual below has received this document directly from the Board of Medicine. Please consider this as authorization to process the fee for a verification of their Virginia license. *Sarah M. Opler*

INSTRUCTIONS: - Please type or print all fields and submit the form along with required **\$10.00** verification 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". A separate request form for each verification is required. **Processing time is approximately 7-10 business.**

THIS AUTHORIZATION EXPIRES _____ **/** _____ **Admin. Specialist**

CURRENT INFORMATION ON LICENSE OR REGISTRATION:

First Name	Last Name	Maiden or Middle Initial
License or Registration Number		Last four digits of your Social Security Number
		XXX-XX-
Email address		Phone Number:

VERIFICATION OF MY VIRGINIA LICENSE is to be: ☐ **Mailed ONLY - \$10.00***
☐ **Emailed ONLY - \$10.00***
☐ **Mailed and Emailed - \$20.00**

Receiving Board/Jurisdiction Contact Name:	Mailing address:
Email address:	Phone Number:

***If a fee of \$10.00 is received with no indication of how the verification is to be processed, the Board will default to a mailing address for the jurisdiction/entity.**

SIGNATURE OF LICENSEE _____ **DATE** _____
 Your signature authorizes the Virginia Board of Medicine to furnish license information to person/entity listed above.

----- **FOR OFFICE USE** -----

APPLICANT ID #

RECEIPT #

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