COMMONWEALTH OF VIRGINIA
Board of Medicine

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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. [signature]

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 #