

LICENSING VERIFICATION FORM

The Personnel Officer or designee may complete this form by contacting the appropriate State Board of Licensing Examiners by telephone. The Boards are under the jurisdiction of the Department of Health and Mental Hygiene.

Employee's Name: _____

Employee's SSN: _____

License #: _____

Board of Examiners contacted (e.g., Nurses, Psychologists, or Medical):

Verified by (name of employee at Board): _____

Personnel Officer or Designee obtaining verification: _____

Date: _____