

**Nevada State Board of Medical Examiners**

**9600 Gateway Drive, Reno, NV 89521**

**Phone: In Reno/Sparks/Carson City: (775) 688-2559**

**(If calling from any other area of Nevada, call the Board's in-state, toll-free number: (888 890-8210))**

**Fax: (775) 688-2321**

**LICENSE VERIFICATION REQUEST FORM**

Please complete and submit this form to request a letter of verification (sometimes called a letter of good standing) be sent to another regulatory board or other organization. Payment must be submitted with the completed form. You may pay by cashier's check or money order, payable to "NEVADA STATE BOARD OF MEDICAL EXAMINERS," or by credit card. If paying by credit card, please complete the Credit Card Authorization Form on the last page of this form. A 2.5% payment-processing fee will be assessed for payment by credit card.

*The fee for each Letter of Verification requested is \$25.00.*

Licensee Name: \_\_\_\_\_

Nevada License No. (if known): \_\_\_\_\_

Requester's Name and address (if different than licensee):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact telephone number and e-mail for requester (in case there are questions pertaining to your request):

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of license(s) to be verified: \_\_\_\_\_

Name and address of the board(s)/organization(s) to which the Letter(s) of Verification is/are to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: If delivery of the Letter(s) of Verification by FedEx, UPS, DSL or a similar company is requested, an envelope and pre-completed waybill, including requester's account number for payment, must be provided with this request form.**

# CREDIT CARD AUTHORIZATION FORM

*If mailing or faxing this page separately from an application or order form, please mail to:  
Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, NV 89521  
or fax to: 775-688-2321*

**Please type or print legibly.**

Method of Payment: MasterCard / Visa / American Express / Discover

Name on Credit Card: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Credit Card Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Applicant (if applying for licensure): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_  
(MM) (YYYY)

Credit Card Verification Code (CVC): \_\_\_\_  
(Three or four digit code found on the front or back of the card)

***For security of your financial information, please do not email this form to the Board; emailed forms will not be accepted.***

I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a

One-time payment in the amount of \$\_\_\_\_\_.

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address for receipt: \_\_\_\_\_

***Disclosure: By continuing, you will be charged a non-refundable card payment-processing fee of 2.5% for debit and credit cards by our payment processor. If you do not wish to pay the fee, you can select another payment option.***