Applicant: *You may want to contact the state(s) where you were licensed since some states charge a fee for license verifications and some do not. The Nevada State Board of Medical Examiners also accepts VeriDoc and other secured sources of electronic verification. This is a courtesy form that provides the Board's address, however verification of your state license does not have to be met by use of this form.*

FORM 3

NEVADA STATE BOARD OF MEDICAL EXAMINERS
VERIFICATION OF STATE LICENSURE

PART 1 – TO BE COMPLETED BY APPLICANT

PRINTED NAME OF APPLICANT: _____

Address: _____

_____

Date of Birth: _____

I am in the process of applying for medical licensure in the state of Nevada. I hereby authorize release of the following information directly to the Nevada State Board of Medical Examiners at the address below.

Signature of applicant: _____

PART 2 – TO BE COMPLETED BY LICENSING AGENCY

Name of Licensee: _____
Last First Middle

Issuing State Board: _____

License Number: _____

Issue Date: _____ Expiration Date: _____

License was issued on the basis of _____
Examination: NB / FLEX / USMLE / LMCC / State Licensing examination

I CERTIFY THAT the above license is:

- Current, in good standing
- Not current, due to non-payment of fees
- Subject to pending disciplinary charges
- Subject to restriction of licensure or practice
- Other (please attach explanation)

Note: Please attach any pertinent disciplinary documentation, if applicable.

I CERTIFY THAT to the best of my knowledge and belief the foregoing is a true, accurate, and complete statement of the record of the individual named on this form.

AFFIX BOARD SEAL HERE

Signature of certifying individual: _____

Print name: _____

Title: _____

Date: _____

Email: _____

Completed form or state license verification is to be mailed by the verifying institution directly to:

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

State Licensing Board: *If you have questions, you may contact the Nevada Board at (775) 688-2559.*