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 A	APPLICAN	IT			
Printed Name Of Applicant: Address:					
Date of Birth:					
I am in the process of applying for An release of the following information di	rectly to th	e Nevada Stat	e Board of Medi	cal Examiners at the address below.	
PART 2 – TO BE COMPLETED BY					
Name of Licensee:					
Issuing State Board:	Last		First	Middle	
Liganga Numbar:					
			e:		
License was issued on the basis of		(Exam	ination: NCCAA / St	ate Licensing/Certifying examination)	
I certify that the above license/certification	ificate is: Current, in good standing				
		Not current, due to non-payment of fees			
		Subje	ect to pending di	sciplinary charges	
		Subje	ect to restriction	of licensure or practice	
		Other	(please attach	explanation)	
		Note: Please	attach any pertir	ent disciplinary documentation, if ap	plicable
I certify that to the best of my knowled of the individual named on this form.	dge and be	elief the foregoi	ng is a true, acc	urate, and complete statement of the	e record
		Signature of	certifying individ	ual:	
		Print name:			
AFFIX BOARD SEAL HERE		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