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 me information directly to the Nevada Sta			t the addre	eby authorize release of the following ss below.	
PART 2 – TO BE COMPLETED BY I	LICENSING	AGENCY			
Name of Licensee:					
Issuing State Board:	Last	First		Middle	
License Number:					
Issue Date:		Expir	ation Date:		
License was issued on the basis of					
		(Examination: NC	CCPA / State	Licensing/Certifying examination)	_
I certify that the above license/certific	ficate is: Current, in good standing				
	Not current, due to non-payment of fees				
	Subject to pending disciplinary charges				
		-		censure or practice	
		Other (please	attach exp	lanation)	
	No	ote: Please attach an	y pertinent	disciplinary documentation, if applicable	le.
I certify that to the best of my knowled of the individual named on this form.	dge and belie	of the foregoing is a t	rue, accura	te, and complete statement of the reco	rd
	9	Signature of certifying	g individual	:	_
	ſ	Print name:			_
AFFIX BOARD SEAL HERE	-	Γitle:			_
		Date:			_
	E	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