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. <u>This is a courtesy</u> 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

APPLICANT:		
Address:		
Address		
Date of Birth:		
I am in the process of applying for medical lid information directly to the Nevada State Boa	d of Medical Examiners at the addres Signature of applicant:	s below.
PART 2 – TO BE COMPLETED BY LICENS		
Name of Licensee:	Final	Middle
Issuing State Board:		Middle
License Number:		
Issue Date:	Expiration Date:	
License was issued on the basis of		LE / LMCC / State Licensing examination
I CERTIFY THAT the above license is:	Current, in good standing	
	Not current, due to non-paym	ent of fees
	Subject to pending disciplinar	y charges
	Subject to restriction of licens	ure or practice
	Other (please attach explana	tion)
	Note: Please attach any pertinent	t disciplinary documentation, if applicable.
I CERTIFY THAT to the best of my knowle of the record of the individual named on t		ie, accurate, and complete statement
	Signature of certifying individua	l:
AFFIX BOARD SEAL HERE	Print name:	
	Title:	
	Date:	
	Email:	

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