

Out-of- State Credential Verification

PART 1: Note to Applicant

Complete Part 1 and send it to the state(s) and/or jurisdiction(s) where you are or have been credentialed. Instruct them to send the form directly to the address listed above. Make a copy of this form if you are or have been credentialed in more than one state or jurisdiction. Credentialing agencies normally charge a fee to verify a credential, check in advance to help expedite this process.

Name _____ Other names used _____

Mailing address _____

Credential Number _____ Date Issued _____
mm/yyyy

PART 2

Please complete this form about the applicant listed above. Submit the completed form and any other requested material directly to this office at the address above. We will not accept the form if sent by the applicant. Thank you.

Name of credential holder: _____

Authority providing verification (state, name & title): _____

Applicant licensed by:

Written Exam Name of Exam _____ Date _____ Score _____
mm/yyyy

Other Exam Name of Exam _____ Date _____ Score _____
mm/yyyy

Status of License/Certification/Registration: Current Not Current Expiration Date _____

Is this individual considered to be in good standing in your state? Yes No If no, explain _____

Has this credential ever been denied? Yes No Suspended? Yes No

Revoked? Yes No Surrendered? Yes No Reinstated? Yes No

If "yes", please provide a copy of the final order or other documentation of action taken.

If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? Yes No



Signature _____

Name _____

Title _____

Date _____
mm/dd/yyyy