Montana Department of
LABOR & INDUSTRY
Business Standards Division

# LICENSE VERIFICATION REQUEST FORM

Official verification reports are provided to another state licensing board, jurisdiction, or individual for licensure confirmation status in the State of Montana. A fee of $20.00 must accompany this request. Once received, the verification will be completed within five (5) business days. Please complete the following:

## LICENSING BOARD OR PROGRAM VERIFICATION IS REQUESTED FROM:

- ◯ Board of Alternative Health Care
- ◯ Board of Athletic Trainers
- ◯ Board of Behavioral Health
- ◯ Board of Chiropractors
- ◯ Board of Clinical Laboratory Science Practitioners
- ◯ Board of Denistry
- ◯ Board of Funeral Service
- ◯ Board of Hearing Aid Dispensers
- ◯ Board of Massage Therapy
- ◯ Board of Medical Examiners
- ◯ Board of Nursing
- ◯ Board of Nursing Home Administrators
- ◯ Board of Occupational Therapy Practice
- ◯ Board of Optometry
- ◯ Board of Pharmacy
- ◯ Board of Private Alternative Adolescent Residential or Outdoor Programs
- ◯ Board of Physical Therapy Examiners
- ◯ Board of Psychologists
- ◯ Board of Radiologic Technologists
- ◯ Board of Respiratory Care Practitioners
- ◯ Board of Speech-Language Pathologists and Audiologists
- ◯ Board of Veterinary Medicine

License Number _____ License Type _____
( i.e., Naturopath, Dentist, LPN, Social Worker, etc.)

Date of Birth _____ NOTE: For Physicians (MD/DO) and Physician Assistants, please contact www.veridoc.org

Name on Montana License _____

Preferred Mailing Address _____
PO BOX # OR STREET ADDRESS CITY STATE ZIP

**SEND COMPLETED VERIFICATION TO:**

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Please mail this completed request with the $20.00 fee made out to the appropriate Board or Licensing Program.

(NAME OF BOARD OR PROGRAM)
PO BOX 200513
HELENA MONTANA 59620-0513

Please note: any returned check will be assessed a fee of $30.00. This includes "NSF", "Payment Stopped" and "Signatures Missing".