

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:

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

License Number _____ License Type _____

Date of Birth _____ (i.e., Naturopath, Dentist, LPN, Social Worker, etc.)
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".