



**Verification of Licensure and
Certification of State Board Written Examination Grades
MD/DO/DPM Licensure**

Revised 07/2021

I certify, to the best of my knowledge, the information above is true according to the records of the Board.

Signature _____

Print Name _____ Date: _____

Title _____

Name of Board _____

Mailing Street _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Affix Seal Here