**REQUEST FOR VERIFICATION OF A VIRGINIA LICENSE**

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| A Virginia licensee seeking to obtain a verification of his/her license, certification, or registration at no cost may do so by directing a board, employer, insurance provider or other interested parties to [License Lookup](https://dhp.virginiainteractive.org/Lookup/Index). This content resource meets the accreditation standards for primary source verification from the top seven-accreditation organizations for healthcare professionals.  If the other jurisdiction requires a verification be sent from the Virginia Board, submit verification request and **$25** check or money order made payable to the “Treasurer of Virginia” to the Board via postal carrier. Please allow 5 business days after receipt for processing. (**Note**: Board prefers to send verification via email to another state.) |

**Full Name and Required Information**

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| Last Name: | First Name: |
| Email Address: | VA License Number: |
| Primary Phone Number: | Last four digits of Social Security Number: |

**Address where verification to be sent: Email Postal Carrier**

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| --- | --- | --- |
| Board Name: | | |
| Email Address: | | |
| Street and/or Box Number: | | |
| City: | State: | Zip Code: |

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Signature of Licensee Date