

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217**

Baltimore, MD 21297

410-764-4705 or 1-800-492-6836, ext 4705

REQUEST FOR VERIFICATION OF LICENSURE/JURISDICTION CLEARANCE

To request a written verification (Letter of Good Standing) of your Maryland license, complete this form and return it to the mailing address above with your fee (check or money order) payable to "Maryland Board of Physicians." The verification fee for physicians (MD/DO) is \$50; Allied Health is \$25 (CNMT, PA-C, RPSGT, RT(T), RT(R), RCP(CRT/RRT)). No fee required for Unlicensed Medical Practitioner (UMP) verification request.

Licensee Information:

Name: _____
Last Name First Name Middle Name

License #: _____ Social Sec#: _____ Telephone #: _____

Licensee's Address: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize the Maryland Board of Physicians to release any information, favorable or otherwise against my license to the state licensing board/entity or person listed below.

Signature: _____ Date: _____

Mailing Information:

Please provide the name and full address where the completed verification will be mailed. Verification letters are sent directly to another licensing board from our office unless you specify otherwise.

Name/State Board Name: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Verifications are sent by first-class mail. If you want the verification delivered by courier, please attach a self-addressed/prepaid mailing envelope or packing slip for Fedex/UPS.

*** This address is our bank processing center. Your verification request will be processed after the check/money order has been deposited by the bank. Sending this request to a different board address will delay processing of your verification.*