

VERIFICATION OF OTHER STATE LICENSES

Part 1 **APPLICANT:** Complete and sign Part 1 and send a copy of this form to each state board that ever issued you a license/certificate/registration to practice as a Naturopathic Doctor. Also use this form to send to each state board, including Maryland, that ever issued you a license/certification/registration to practice as ANY other health care practitioner. Please copy this form if you need to send it to more than one state board.

License Type: _____

State of Licensure: _____ License Number: _____

Date: _____ Expiration Date: _____

Name: _____
 (Print) Last (Generational Indicator, Jr., III) First Middle Maiden

Social Security No. : _____ Date of Birth: ____/____/____

Professional School of Graduation: _____ Year: _____

Signature: _____ Date: _____

Part 2 **AUTHORIZED OFFICIAL OF STATE MEDICAL BOARD:** Please certify the following information regarding the above-listed individual and email this form to: mdh.mbpcredentials@maryland.gov.

License Type _____ License Number _____ Date Issued _____ Expiration Date _____

Is/was the license in good standing? Yes No

If not in good standing is/was it: reprimanded suspended revoked surrendered Other

Was the license administratively revoked, suspended, or surrendered because the licensee did not renew? Yes No

If yes, please explain: _____

Other Derogatory Information or Pending Charges: _____

 Printed Name of Authorized Official

 Title of Authorized Official

 Signature of Authorized Official

 Direct Telephone Number

 Printed Name of State

 Date

