

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:

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".