

Complete verifications must be sent directly from the licensing agency to the board office at [BOM\\_InitialApps@flhealth.gov](mailto:BOM_InitialApps@flhealth.gov), or mailed to:

**Board of Medicine**

4052 Bald Cypress Way Bin C-03  
Tallahassee, FL 32399-3257



**Board of Medicine License Verification Request**

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I authorize release of any information regarding my licensure status to the Florida Board of Medicine.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

**Part II: To be completed by state licensing agency**

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* License number
- \* State or jurisdiction of licensure
- \* Licensure status
- \* Is license in good standing?
- \* Date of issuance/expiration
- \* Licensure method (examination or reciprocity/endorsement)
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.