



STATE LICENSURE AFFIDAVIT OR CERTIFICATION AFFIDAVIT

This portion to be completed by applicant and forwarded to the licensing or certification board(s) in the state(s) where licensed.

_____	_____	_____
Last Name	First Name	Middle Name

_____	_____	_____	_____
Month	Date	Year	
Date of Birth			Social Security Number

_____	_____
State Board	Type of License or Certificate

This portion to be completed by the state licensing or certification board.

License or certificate Number _____ Date of Original Issue _____

Is license or certificate in good standing? _____ Expiration date of License or Certificate _____

License or certificate type _____

License or certificate scope Full/Unrestricted Temporary/Limited Other, Please specify: _____

Is the applicant currently the subject of a pending investigation?

Yes No **If “yes” please attach documentation.**

Form Completed By:

Title

Signature

Date

State Board

*Please Affix Board Seal
(not Valid without Board Seal)*