

MEDICAL LICENSING BOARD

VERIFICATION OF LICENSURE TO ANOTHER STATE

This is an official statement of the basis of licensure and includes the practitioner's name, profession, license number, status and any other conditions/restrictions of the license.

This type of verification may only be issued at the request of the practitioner for submission to another licensing authority.

It must be requested in writing along with a fee of \$10.00 for each verification requested. Please be sure to include your name, license number, current mailing address information, telephone number and the state name and address of the licensing authority to where the verification should be mailed.

Payment should be payable to Professional Licensing Agency.

Please mail your request and fee to:

Professional Licensing Agency
Medical Board
402 West Washington Street, Room W072
Indianapolis IN 46204