

License and Certification Verification

Date: [Insert Date]

To Whom It May Concern,

This letter serves as verification of the license and certification status of [Allied Health Professional's Name], who has applied for [specific position or purpose]. The details of their licensure and certification are as follows:

License/Certification	License/Certification Number	Issuing Authority	Issue Date	Expiration Date
[Type of License/Certification]	[License/Certification Number]	[Issuing Authority]	[Issue Date]	[Expiration Date]

We confirm that the above information is accurate as of the date of this letter. For further inquiries, please do not hesitate to contact us at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Institution or Organization]