

# Credential Verification Request

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Institution/Organization Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the verification of credentials for [Healthcare Professional's Name], who is applying for a position at [Your Institution/Organization Name].

Details of the healthcare professional are as follows:

- Name: [Healthcare Professional's Full Name]
- Date of Birth: [DOB]
- Social Security Number: [SSN or Last 4 Digits]
- Application ID: [Application Number]

Please verify the following credentials:

1. Medical Degree: [Degree Info]
2. Residency: [Residency Details]
3. Licensure: [License Information]
4. Board Certification: [Certification Details]

Attached to this letter are the signed authorization forms from [Healthcare Professional's Name] allowing you to release the requested information.

Your prompt attention to this matter is greatly appreciated. If you have any questions or require additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization Name]

[Your Address Line 1]

[Your Address Line 2]

[City, State, Zip Code]