Request for Verification of Physician Credentials

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

Dear [Recipient's Name],

I am writing to formally request the verification of credentials for Dr. [Physician's Full Name], who is applying for a position at [Your Organization/Institution Name]. Dr. [Physician's Last Name] has provided the following information:

- **Medical School:** [Medical School Name]
- **Graduation Year:** [Year]
- **Specialty:** [Specialty]
- **Medical License Number:** [License Number]

Please confirm the accuracy of these credentials and provide any additional information that may be relevant. Your assistance in this matter is greatly appreciated as it is crucial in ensuring that we maintain the highest standards of care.

Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Organization/Institution Name]

[Your Address]