

# Credential Verification for Licensure Application

Date: [Insert Date]

[Your Organization's Letterhead]

To Whom It May Concern,

This letter serves to verify the professional credentials of [Applicant's Full Name], who has applied for licensure as [Specific License] in [State/Region].

Applicant Details:

- Full Name: [Applicant's Full Name]
- Date of Birth: [DOB]
- Social Security Number: [SSN]
- Professional License Type: [Type of License]
- License Number: [License Number]

We confirm that the applicant has successfully completed the following education and training programs:

- [Degree/Certification] in [Field] from [Institution Name], [Year]
- [Degree/Certification] in [Field] from [Institution Name], [Year]

In addition, [Applicant's Full Name] has gained [X years] of relevant work experience, having worked with [Employer Name] as a [Job Title]. This experience has provided them with the necessary skills and knowledge to obtain the [Specific License].

This verification is provided at the request of the applicant for the sole purpose of applying for licensure and may not be used for any other purpose without prior written consent.

If you have any questions regarding this verification, please feel free to contact me at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]