

Professional Credentials Verification

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Association/Organization Name]

[Association Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the verification of professional credentials for [Applicant's Name], who has applied for membership with [Association/Organization Name]. Please find the details below for your reference:

- **Full Name:** [Applicant's Full Name]
- **Date of Birth:** [Applicant's Date of Birth]
- **Professional License Number:** [License Number]
- **Field of Expertise:** [Field]
- **Email:** [Applicant's Email]

It would be greatly appreciated if you could confirm the validity of the above credentials and any further relevant information at your earliest convenience. Please do not hesitate to reach out if you need any additional details.

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

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]