

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to request verification of the health license for [License Holder's Name], who is applying for accreditation purposes. The following details are provided for your reference:

**License Holder's Name:** [Insert Name]

**License Number:** [Insert License Number]

**Type of License:** [Insert Type]

**Date of Issuance:** [Insert Date]

**Expiration Date:** [Insert Expiration Date]

Please confirm the status of the license and ensure that it is in good standing. Your assistance is greatly appreciated as it will facilitate our accreditation process.

Thank you for your prompt attention to this matter. If you have any questions, please feel free to contact us at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[Your Email]

[Your Phone Number]