

Health License Verification

Date: [Insert Date]

To Whom It May Concern,

We are currently conducting a background check for [Name of the Individual] as part of the hiring process for the position of [Job Title] at [Company Name]. As part of this process, we request verification of the health license held by the individual in question.

Please provide the following information:

- License Number: [Insert License Number]
- Issuing Authority: [Insert Issuing Authority]
- License Status: [Active/Inactive/Suspended]
- Expiration Date: [Insert Expiration Date]

If you require any further information to assist in this verification, please do not hesitate to contact us at [Your Contact Information]. We appreciate your cooperation in this matter.

Thank you.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[Company Phone Number]