

Health License Verification

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to verify the health license of [Applicant Name], who has applied for a fellowship with [Fellowship Program/Organization]. As part of the application process, we require confirmation of their current health license status.

Applicant Details:

- Name: [Applicant Name]
- Date of Birth: [Applicant Date of Birth]
- License Number: [License Number]
- Type of License: [Type of License]
- State of Issuance: [State]
- Expiration Date: [Expiration Date]

We kindly request that you verify the authenticity of this license and provide us with any relevant details or status updates you may have. This information will assist in determining [Applicant Name]'s eligibility for the fellowship.

Please feel free to contact me directly at [Your Phone Number] or [Your Email Address] should you need additional information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

[Your Organization Address]

[City, State, Zip Code]