

Health License Verification

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the health license of [Practitioner's Full Name], who practices [Specialization] in [Country/Region]. The practitioner holds a valid health license issued by [Issuing Authority] under license number [License Number].

We hereby confirm that the license was issued on [Issue Date] and is valid until [Expiration Date]. [Practitioner's Full Name] has maintained good standing and is compliant with all required regulations and standards set forth by [Issuing Authority].

If you have any questions or require further details, please do not hesitate to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Organization/Institution Name]

[Address]

[Phone Number]

[Email Address]