

# Health License Verification

Date: [Insert Date]

[Your Name]  
[Your Position]  
[Your Organization]  
[Your Address]  
[City, State, Zip]  
[Your Email]  
[Your Phone Number]

To Whom It May Concern,

I am writing to request verification of the health license for [Professional's Name], who is currently applying to join our professional network. It is important for us to ensure that all professionals associated with our organization maintain valid and up-to-date licensure.

Please provide confirmation of [Professional's Name]'s license status, including the following details:

- License Number
- Status (Active/Inactive)
- Expiration Date
- Any Disciplinary Actions, if applicable

Your timely response to this inquiry will be greatly appreciated. Please feel free to contact me at [Your Phone Number] or [Your Email] if you have any questions or require further information.

Thank you for your assistance.

Sincerely,

[Your Name]  
[Your Position]