

# Health License Verification Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request the verification of my health license as part of the employment process for the position of [Job Title] at [Company Name]. I understand that verifying my credentials is an important step to ensure compliance and maintain the standards of your organization.

My details are as follows:

- Name: [Your Full Name]
- Health License Number: [Your License Number]
- Expiration Date: [Expiration Date]

I appreciate your prompt attention to this matter, and if you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]