Pharmacy License Verification Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request the verification of my pharmacy license as part of my enrollment process for continuing education. My details are as follows:

Name: [Your Name]

License Number: [Your License Number]

State of License: [State]

Please provide confirmation of my license status at your earliest convenience. Your assistance in this matter is greatly appreciated.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Contact Information]