Medical License Verification Request

Date: [Insert Date]

[Recipient's Name]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to request verification of the medical license held by Dr. [Physician's Name], who has applied for a position with our organization. As part of our due diligence process, we need to confirm the validity of their medical license, including details such as the status, expiration date, and any disciplinary actions recorded.

Please provide the requested information at your earliest convenience. You may contact us via phone at [Your Phone Number] or email at [Your Email Address]. We appreciate your assistance in this matter.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]