

Medical License Verification

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the medical license of [Resident's Full Name], who is applying for a residency program. Please find the relevant details below:

License Holder: [Resident's Full Name]

License Number: [License Number]

State of Licensure: [State]

Issue Date: [Issue Date]

Expiration Date: [Expiration Date]

We confirm that [Resident's Full Name] holds an active medical license in good standing as per the records of the [Licensing Board/Authority]. Should you require any further information, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Contact Information]