Nevada State Board of Medical Examiners
P.O. Box 7238, Reno, NV 89510-7238
Physical Address: 1105 Terminal Way, Ste. 301, Reno, NV 89502-2144
Phone: In Reno/Sparks/Carson City: (775) 688-2559
(If calling from any other area of Nevada, call the Board's in-state, toll-free number: (888 890-8210))
Fax: (775) 688-2321

LICENSE VERIFICATION REQUEST FORM

Please complete and submit this form to request a letter of verification (sometimes called a letter of good standing) be sent to another regulatory board or other organization. Payment must be submitted with the completed form. You may pay by check, cashier's check or money order, payable to "NEVADA STATE BOARD OF MEDICAL EXAMINERS," or by credit card. If paying by credit card, please complete the Credit Card Authorization Form on the last page of this form. A two percent (2%) service fee will be assessed for payment by credit card.

The fee for each Letter of Verification requested is $25.00.

Licensee Name:

License No. (*if known*):

Requester's Name and address (*if different than licensee*):

Name:

Address:

Contact telephone number and e-mail for requester (*in case there are questions pertaining to your request*):

Phone:

E-mail:

Type of license(s) to be verified:

Name and address of the board(s)/organization(s) to which the Letter(s) of Verification is/are to be sent:

NOTE: If delivery of the Letter(s) of Verification by FedEx, UPS, DSL or a similar company is requested, an envelope and pre-completed waybill, including requester's account number for payment, must be provided with this request form.

CREDIT CARD AUTHORIZATION FORM

If mailing or faxing this page separately from an application or order form, please mail to:
Nevada State Board of Medical Examiners
P.O. Box 7238
Reno, NV 89510-7238
or fax to:
775-688-2321

Please type or print legibly.

Method of Payment: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name on Credit Card: _____

Business Name (if applicable): _____

Credit Card Billing Address:

_____

_____

_____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ / _____
(MM) (YYYY)

I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a one-time payment in the amount of $_____, and an additional 2% service fee.

Printed Name: _____

Authorized Signature: _____ Date: _____