



Medical Physicists License Verification Request

Part I: To be completed by applicant (California requires verification of all your current and previously held licenses.)

Name: _____

Mailing Address: _____

Name original license was issued under: _____

License Number: _____ State: _____

I hereby authorize release of any information regarding my licensure status to the California Department of Public Health – Radiologic Health Branch.

Applicant Signature: _____ Date: _____

Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- Typed on an official state form or letterhead
- Include an official board seal
- Signature and title of state board official

The following information must be included in all verifications:

- Licensee name
- License number
- State or jurisdiction of licensure
- Licensure status
- Is license in good standing?
- Date of issuance/expiration
- Application method (statutes, rules, and regulations governing your credential which indicate standards that are similar to California's licensing requirements)
- Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.

Part III: Complete verifications must be sent directly from the verifying agency to:

E-mail:

RHBRMT@cdph.ca.gov