

HEALTH LICENSE VERIFICATION REQUEST

Requestor's First Name		Middle Name		Last Name	
Requestor's Email Address			Requestor's Telephone Number with Area Code		
Provide name of licensee or facility you are seeking verification for			MI Permanent ID/License Number (if applicable/known)		
How do you want verification sent to recipient: (Check ONLY ONE)			If sending via email, list recipient's email address here		
EMAIL		US POSTAL SERVICE			
If sending via US Postal Service, provide recipient's name/association/US State or entity to send license verification to					
Street Address to send license verification to					
City			State	Zip Code	
LICENSE TYPE		FOR OFFICE USE ONLY	LICENSE TYPE		FOR OFFICE USE ONLY
Acupuncture		5401-51	Occupational Therapist		5201-51
Athletic Trainer		2601-51	Occupational Therapy Assistant		5202-51
Audiologist		1601-51	Optometrist		4901-51
Chiropractor		2301-51	Osteopathic Medicine (DO)		5101-51
Controlled Substance		5315-51	Pharmacist		5302-51
Counselor		6401-51	Pharmacy		5301-51
Dental Assistant		2903-51	Pharmacy-Manufacturer/Wholesaler		5306-51
Dental Hygienist		2902-51	Pharmacy Technician		5303-51
Dentist		2901-51	Physical Therapist		5501-51
Dental Specialty		2901-51	Physical Therapist Assistant		5502-51
Endodontic		2901-51	Physician's Assistant		5601-51
Oral Maxi		2901-51	Podiatrist		5901-51
Oral Pathology		2901-51	Psychologist		6301-51
Orthodontics		2901-51	Doctoral Limited		6301-51
Pediatric		2901-51	Masters Limited		6301-51
Periodontal		2901-51	Respiratory Therapist		4401-51
Prosthodontics		2901-51	Sanitarian		6701-51
Marriage & Family Therapy		4101-51	Social Service Technician		6803-51
Massage Therapy		7501-51	Social Worker		
Medical Doctor (MD)		4301-51	Bachelors		6802-51
Licensed Practical Nurse (LPN)		4703-51	Masters		6801-51
Registered Nurse (RN)		4704-51	Speech-Language Pathologist		7101-51
Nursing Home Administrator		4801-51	Veterinarian		6901-51
			Veterinary Technician		6902-51
FEE PAYMENT INFORMATION			FOR OFFICE USE ONLY		
<p>Submit a \$15.00 fee and a separate form for <i>EACH</i> license verification and type (excluding specialties) and mail to P.O. Box 30670, Lansing MI 48909.</p> <p>Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN, must accompany this request.</p> <p>DO NOT SEND CASH. Fees are non-refundable.</p>					