



Licensure Certification Request

**PRINT AND ATTACH \$25 PROCESSING FEE FOR EACH REQUEST
(Make check or money order payable to the appropriate licensing board.)**

If you are requesting that your exam scores be submitted with your request for certification, please complete and forward the Waiver of Confidentiality and Authorization to Release Scores Form with your request for certification. Please be aware that most states do not require exam scores, please check with the licensing authority prior to requesting this information. There is no fee associated with Licensure Certification for EMTs, Paramedics and Radiologic Technicians.

A. Items to be Researched:

Licensee Name: _____ License Number: _____

License Profession: _____

B. Certification to be Sent to: _____

Name of person or State Board: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____
(List only numbers)

Special instructions to processor: _____

Fax #: _____ Email Address: _____
(List only numbers)

C. Requestor Contact Information:

Name: _____ Telephone #: _____
(List only numbers)

Email Address: _____

Return form and fee to:

Division of Medical Quality Assurance • Licensure Support Services • Attn: License Verifications
P.O. Box 6320 • Tallahassee, FL 32314-6320