

Request for Verification of New York State Licensure

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

A verification of licensure is an official letter that states whether an individual is licensed and currently registered in New York State. **It includes no additional information.**

Instructions: Complete this form. Enclose payment for the \$10 verification fee and submit this form with any accompanying documents (such as other jurisdictions' forms) to the Office of the Professions at the address at the end of the form. Do not send cash. Make check or money order payable to the New York State Education Department. A separate Request for Verification of New York State Licensure form and fee must be submitted for each verification requested.

Please Note: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

Department Use Only

Verification of New York State Licensure

\$10

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1. Licensee Information

Name: _____

Profession: _____
(See list below)

License number: _____

Optional Information

Name Originally Licensed Under: _____

2. Name and Address to which verification is to be sent

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Professions Licensed Under Title VIII of the Education Law

Acupuncturist	Landscape Architect	Physical Therapist
Architect	Land Surveyor	Physical Therapist Assistant
Athletic Trainer	Licensed Clinical Social Worker	Physician
Audiologist	Licensed Behavior Analyst	Podiatrist
Certified Clinical Laboratory Technician	Licensed Master Social Worker	Polysomnographic Technologist
Certified Behavior Analyst Assistant	Licensed Practical Nurse	Professional Engineer
Certified Dental Assistant	Marriage and Family Therapist	Psychoanalyst
Certified Histological Technician	Massage Therapist	Psychologist
Certified Public Accountant	Medical Physicist	Public Accountant
Certified Shorthand Reporter	Mental Health Counselor	Registered Physician Assistant
Chiropractor	Midwife	Registered Professional Nurse
Clinical Laboratory Technologist	Nurse Practitioner	Registered Specialist Assistant
Creative Arts Therapist	Occupational Therapist	Respiratory Therapist
Cytotechnologist	Occupational Therapy Assistant	Respiratory Therapy Technician
Dental Hygienist	Ophthalmic Dispenser	Speech-Language Pathologist
Dentist	Optometrist	Veterinarian
Dietitian/Nutritionist	Perfusionist	Veterinary Technician
Interior Designer	Pharmacist	

Mail this form and fee to: New York State Education Department, Office of the Professions, Certification and Verification Unit, 89 Washington Avenue, Albany, NY 12234-1000.