



Non-Licensure Certification Request

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

A. Items to be Researched:

Licensee Name: _____ License Number: _____

License Profession: _____

B. Non-Licensure 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 Certifications
P.O. Box 6320 • Tallahassee, FL 32314-6320