

Verification of Licensure

Date: _____
Re: _____

Please be advised that as a condition of my employment with *Gyn Care*, I hereby authorize release of information relative to the status of my license or registration as a _____ within the State of _____.

Please certify below and return to:

Firm: Gyn Care
Address: 1920 W. Sale Rd., Bldg. F, Ste. 5
Lake Charles, LA 70605
Attention: Human Resources

Thank you.

Sincerely,

Name of Licensee

Print:

Certification

This will certify that the above, _____, is duly licensed in the State of _____ as a _____ and said license or registration is in good standing with no disciplinary or revocation proceedings pending.

Dated: _____

Certifying Official

Print: