OFFICE OF PROFESSIONAL LICENSURE AND HEALTH PLANNING

P.O. Box 222995
CHRISTIANSTED, VI 00822-2995

License Verification / Good Standing Letter Request & Invoice

LICENSE TYPES

(DC) -Chiropractic
(MD, DO) -Medicine and Surgery
(RPH, PharmD) -Pharmacist
(PT, DPT) -Physical Therapy
(DVM) -Veterinary Medicine
CON) -Certificate Need
(ND, OT, MT) -Allied Health Clearance Letter

(DDS, DMD) -Dentistry
(PA, PA-C) -Physician Assistant
(CPTI, CPT, RPT, PPT) Pharmacy Technician
(PTA) -Physical Therapy Assistant
(RVT)-Veterinary Technician
Pharmacy
Other: _____

(RDH) -Dental Hygienist
(PSY, PSYD, MA Psych Assoc.) -Psychologist
(CTO, OD) -Optometry
(DPM) -Podiatry
(RRT) -Radiology Technician

Licensee / Facility Name _____

License Type _____

License Number _____

Verification will be emailed to:

Name	
Contact Person	
Agency	
Email Address	

Please attach authorization to request a license verification if you are not the license holder. Remit this form and* *$10.00 fee (7 calendar days processing time); $35.00 fee (48 hours processing time) per provider.***

*Acceptable forms of payment are: credit card authorization form (below), certified check or money order, made payable to "**GOV'T of the VI**" to:*

Professional Licensure and Health Planning
c/o VI Department of Health-STX
P.O. Box 222995
Christiansted, VI 00822
(340) 773-1561 Ext. 4431
plhpverify@doh.vi.gov

_____ Signature

_____ Date