



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	(DDS, DMD) -Dentistry	(RDH) -Dental Hygienist
(MD, DO) -Medicine and Surgery	(PA, PA-C) -Physician Assistant	(PSY, PSYD, MA Psych Assoc.) -Psychologist
(RPH, PharmD) -Pharmacist	(CPTI, CPT, RPT, PPT) Pharmacy Technician	(CTO, OD) -Optometry
(PT, DPT) -Physical Therapy	(PTA) -Physical Therapy Assistant	(DPM) -Podiatry
(DVM) -Veterinary Medicine	(RVT) -Veterinary Technician	(RRT) -Radiology Technician
CON) -Certificate Need	Pharmacy	
(ND, OT, MT) -Allied Health Clearance Letter	Other: _____	

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 per provider. **Note: Beginning October 1, 2024 all verifications will be \$35.00 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 Dept. of Health-STX
P.O. Box 222995
Christiansted, VI 00822-2995
(340) 643-8992
plhpverify@doh.vi.gov

Signature

Date