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LICENSE INFORMATION VERIFICATION

All state licensed, professional employees must provide a valid license to practice in their area of expertise. MAS Medical Staffing will use the information you provide to verify your state license.

Full Name	
License Number	
Licensing State	
Expiration Date	
Social Security Number	
Other Names Used	

I hereby authorize the appropriate state board agency to release all pertinent information regarding my state license to MAS Medical Staffing.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

***For internal use only:***

Accurate Information provided	Yes or No
Licensing Authority Source	
Recruiter	
Date Verified	