

CREDENTIAL VERIFICATION

DPBH-Radiation Control Program
675 Fairview Drive Ste. 218
Carson City, NV 89701
Telephone: 775-687-7550
Email: radiationcontrolprogram@health.nv.gov

To be completed by applicant:

Please complete the top section of this form and send it to the state(s) and or jurisdiction(s) where you are or have been licensed, certified, or registered as a healthcare provider. Instructing them to send the form directly to the address listed above.

Note: Credentialing agencies may require a fee to verify a license, registration, or certification. Check in advance to help expedite the process.

First Name:	Middle Name:	Last Name:
Credential #	Date of Birth:	
I authorize the release of the information below to the DPBH-Radiation Control Program of Nevada.		
Signature:		
To be completed by regulatory agency:		
Please complete this form requesting the applicant listed above. Submit the completed form and any other requested material directly to this office at the address above. We will not accept the form if submitted by the applicant.		
Name on license, certification, or registration		Number
Issue Date	Expiration Date	Status
Method of license, certification, or registration		
Has the individual ever had any disciplinary action in your state:		YES NO
If yes, please attach an explanation and provide a copy of the final order or other documentation of action taken.		
	Signature:	
	Title:	
	Name of Regulatory Agency:	
	Date:	