



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR VERIFICATION OF LICENSURE/CERTIFICATION

Please note that there is no fee for this service.

All requests should be mailed or faxed to the attention of your profession to:

Connecticut Department of Public Health

PLIS

410 Capitol Ave., MS # 12APP

P.O. Box 340308

Hartford, CT 06134

Fax: (860) 509-8457

Licensee Information:

License Number: _____ Profession: _____ SSN: _____

Last Name: _____ First Name: _____

Address to which the verification of licensure/certification should be mailed:

Entity Name: _____

Contact: _____

Address1: _____

Address2: _____

City: _____

State: _____ **Postal Code:** _____

Signature: _____

Telephone No.: _____

Date: _____