



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Request for Verification of Licensure/Certification

Please note there is no fee for this service.

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

Connecticut Department of Public Health
410 Capitol Ave., MS#12APP
PO Box 340308
Hartford, CT 06134
Fax: (860) 509-8457

Licensee Information:

License Number: _____ Profession: _____ Last 4 of 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: _____

Email Address: _____

Date: _____

Phone: (860) 509-509-7603

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12MQA

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

Website for licensure verification <http://www.ct-clic.com>

