

**Licensure Verification Form (Form #1)**

(Copy this form for multiple licenses)

I am applying for a license to practice medicine. The Board requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. Please complete the form and return it directly to the following Board:

**To be completed by applicant**

Applicant Name: \_\_\_\_\_  
Last First Middle Suffix

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ License Number: \_\_\_\_\_  
(From State/Province you are sending this form to)

*The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.*

I hereby authorize the licensing agency of the State/Province of \_\_\_\_\_ to furnish the information to the Board indicated below.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Board Name: South Dakota Board of Medical and Osteopathic Examiners

Address: 101 N Main Avenue, Suite 301 Sioux Falls SD 57104  
Street City State/Province ZIP Code

**TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE**

Name of Licensee: \_\_\_\_\_  
Last First Middle Suffix

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is this license current?  Yes  No If No, please explain: \_\_\_\_\_

1) Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?  
 Yes  No  Cannot answer under state law  
If Yes, please explain: \_\_\_\_\_

2) Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended or, in any other manner, limited by a licensing or disciplinary authority in your state?  
 Yes  No  Cannot answer under state law  
If Yes, please explain: \_\_\_\_\_

Board Authorized Signature: \_\_\_\_\_

**Affix Board Seal Here**

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to the Board listed at the top of this form.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_