

License Verification

Please enter your name, license type, licensese number, and issue dates. Elite will run your verification.

Applicant Name (print): _____

License Type: RN _____ LPN/LVN _____ C.N.A _____

Other (please specify): _____

License Number: _____

State Issued: _____

Date Issued: _____

License Status:

_____ Active with No Disciplinary Actions

_____ Active with Prior Disciplinary Actions

Describe action taken: _____

_____ In-Active or Not Renewed

Name of Agency/Contact Person: _____

Date Verified: _____

Elite Authorization