

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION

**VERIFICATION OF LICENSURE STATUS**

Verification of the status of a DC health care practitioner's license can be obtained by completing the form below and attaching a payment of **\$34.00 per license per recipient**. The check must be made payable to the DC Treasurer and mailed together with the form to:

**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH  
REGULATION AND LICENSING ADMINISTRATION  
VERIFICATIONS  
2201 Shannon Place, SE, 1st Floor  
WASHINGTON, DC 20020**

If the intended recipient has an electronic verification system, please provide the email information for submission.

The processing and mailing of verification request **may take up to 30 business days**. Please be advised that incomplete verification requests will greatly increase the time it takes to complete a request. If the recipient jurisdiction or institution only requires a standard letter, please make sure to include the licensee's name, date of birth, and license number in your request.

**BOARD OF NURSING VERIFICATIONS**

**RN** and **LPN** licensure verifications:

To submit a verification of your DC license **to a state board of nursing within the U.S.:** please submit your request via Nursys at [www.nursys.com](http://www.nursys.com) (all U.S. boards of nursing only accept RN and LPN verifications via Nursys).

To submit a verification of your DC **license to an entity that is NOT a state board of nursing within the U.S.**, please submit this form and your payment of \$34 to the DC Department of Health at the address provided.

**APRN** licensure verifications:

To submit a verification of your DC APRN license to any entity (including all U.S. boards of nursing), please submit this form and your payment of \$34 to the DC Department of Health at the address provided.

**BOARD OF MEDICINE VERIFICATIONS**

Postgraduate Physician Trainees (**PPTs**) are not licenses therefore will **not be verified as such to any external body**. Please contact the program where the licensee was a trainee. PPT requests will be mailed back to physicians and refunded.

**Each license held under one licensee that requires verification will cost \$34.00 per recipient.**

