



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
State Board of Medical Examiners  
Athletic Training Advisory Committee  
140 East Front Street, 3rd Floor, P.O. Box 183  
Trenton, New Jersey 08625  
(609) 826-7100

**Verification of State License**

A separate form must be used for each state.  
(This form may be reproduced.)

Name of applicant: \_\_\_\_\_  
Last name First name Middle initial

The above-named applicant is a licensee of the State of \_\_\_\_\_ and was  
issued a license number \_\_\_\_\_ on \_\_\_\_\_  
Month Day Year

**The applicant was licensed by the following:**

BOC Examination: \_\_\_\_\_

Endorsement/Reciprocity from the State of: \_\_\_\_\_

Other: \_\_\_\_\_

**The license status is:**

Current and in good standing expiring on: \_\_\_\_\_ . Revoked or suspended: \_\_\_\_\_  
Date Date

Inactive/expired on: \_\_\_\_\_ Other (please attach explanation)  
Date

The licensee  does  does not have a record of disciplinary history with this agency. (Attach disciplinary information, if applicable.)

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

\_\_\_\_\_  
Name of Board

\_\_\_\_\_  
Name of person completing this form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Once this form has been completed, please email it back to the Board of Medical Examiners, Athletic Training Advisory Committee at: [BMEAT@dca.lps.state.nj.us](mailto:BMEAT@dca.lps.state.nj.us)