

Licensing History Screening Form

Full Name:

Date of Birth:

Current Address:

Have you held a professional license before?

☐ Yes ☐ No

If yes, please list details (type, state, number, years held):

Has any license ever been suspended, revoked, or subject to disciplinary action?

☐ Yes ☐ No

If yes, please explain:

Signature:

Date:

Submit