

# Certificate of Authorization for Medical Practice

<b>Certificate Number:</b>	<input type="text"/>
<b>Date of Issue:</b>	<input type="text"/>
<b>Full Name of Practitioner:</b>	<input type="text"/>
<b>Medical License Number:</b>	<input type="text"/>
<b>Specialization:</b>	<input type="text"/>
<b>Practice Address:</b>	<input type="text"/>

This is to certify that the above-named medical practitioner is duly authorized to practice medicine in accordance with the laws and regulations governing medical practice in this jurisdiction.

<b>Authorized Signature:</b>	<input type="text"/>
<b>Date:</b>	<input type="text"/>