

MEMORANDUM FOR HQ AFPC/DP2N

FROM: _____
 Credentials Department - Validating Officials Unit/Office Symbol

SUBJECT: Certification of Unrestricted License and/or Board Certification/Eligibility

I have verified _____ (Last Name) _____ (First Name) _____ (MI)

_____ License
(SSAN)

_____ Certificate

Data Supporting Current Status

- a. State:
- b. License/Certification #
- c. Expiration Date
- d. Type (MD, RN, Pharmacist, etc)
- e. Method of validation
 Visual Inspection of Document Telephoned State Board Internet Verification
- f. Date of validation
- g. Remarks:

VALIDATOR'S SIGNATURE

SIGNATURE BLOCK (*Typed name, grade, title*)
Credential Department