

<p><b>MAILING ADDRESS:</b> PO BOX 2649 Harrisburg, PA 17105-2649</p>	<p>PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE <a href="mailto:st-osteopathic@state.pa.us">st-osteopathic@state.pa.us</a> (717) 783-4858</p>	<p><b>COURIER ADDRESS:</b> 2601 North Third Street Harrisburg, PA 17110</p>
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## REQUEST FOR CERTIFICATION OF LICENSURE

To obtain a certification of your license and/or Pennsylvania OMT or state exam scores, you must complete this form and return it to the mailing address above along with a check or money order, payable to the "Commonwealth of PA," for the appropriate fee listed below. There is a \$20.00 charge for all checks returned "NOT PAID" regardless of the reason for non-payment.

If the state where you are applying for a license will accept a verification of your Pennsylvania license via Pennsylvania 's website, you may request that the licensure board download the verification at [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us)

**PLEASE CHECK THE APPROPRIATE BOX**



Verification **ONLY** of License  
\$15.00



Certification **ONLY** of Pennsylvania OMT or State Exam Scores – include a separate \$25 check/money order. Due to a fire in 6/1994, some exam scores cannot be verified. If your scores cannot be verified, the Board will provide a letter to this effect and will return your fee. **If you took FLEX or NBOME/COMLEX, you will need to obtain these scores from the respective testing center.**

### LICENSEE INFORMATION

<b>LICENSEE'S NAME:</b>	Last:	First:	Middle:	Maiden:	
<b>LICENSE #:</b>	<b>DATE OF BIRTH:</b>		Month	Day	Year
<b>SOCIAL SECURITY #:</b>					
<b>LICENSEE'S ADDRESS:</b>					
	City:	State:		Zip Code:	

### MAILING INFORMATION

PLEASE PROVIDE THE NAME AND ADDRESS WHERE THE COMPLETED CERTIFICATION SHOULD BE MAILED.

**PLEASE NOTE:** Effective May 19, 2008, Letters of Good Standing/Verifications of Licensure will only be sent to another licensing board directly from our office. These verification documents will no longer be provided to licensees. Each licensing board in the United States has been made aware of this new policy.

<b>LICENSING AUTHORITY NAME:</b>
<b>STREET:</b>
<span><b>CITY:</b></span> <span><b>STATE:</b></span> <span><b>ZIP CODE:</b></span>