

**License/Certification
Verification Consent**



All temporary employees will provide a valid license or certificate to practice in their area of expertise. Avenue HomeCare, Inc. will use the information provided to verify state licensure or certification status.

(PLEASE PRINT)

NAME:			
License/Certificate Number:		Expiration Date:	
Social Security Number:			
Other Names Used:			

Please check: RN LPN/LVN CNA PT PTA OT COTA
 SLP

I hereby authorize the State Board of Nursing or appropriate regulating bureau to release all pertinent information regarding the above state license or certification to:

AVENUE HOMECARE, INC 1511 East 7th Street Charlotte, NC 28204

Applicant Signature

Date

For Office Use Only Below This Line

Regulating Bureau Contacted: _____

Date: _____ **Time:** _____

Is the above information correct? _____ yes _____ no

If no, please explain: _____

Is the above referenced license/certification in good standing? _____ yes _____ no

If no, please explain: _____

Name of Person Verifying Information

Title