

CAMP PENIEL

Medical Staff License Verification

Name: _____
 First Middle Last

LICENSURE

Type of License- (must be licensed in the state of Texas):

EMT-B EMT-P LVN RN NP PA DO MD

TX License# _____ Exp Date: _____

CURRENT CERTIFICATIONS (PLEASE ATTACH COPIES OF CARDS)

Certification	Expiration Date
CPR/BLS- required	
ACLS	
PALS or ENPC	
ATLS or PHTLS	
Other:	
Other:	

This section for office use only

Board of Nurse Examiners (LVN, RN, NP): www.bne.state.tx.us

State Board of Medical Examiners (PA,DO,MD): www.tsbme.state.tx.us

Texas Department of Health (EMT-B, EMT-P): www.tdh.texas.gov/license.htm

Verification performed by: _____