

Highest Level Education Verification Page

Provider Name & Degree:

Highest Level of Education: _____ Degree / Internship / Residency

Name of Institution:

Verified By the following as per NCQA STANDARDS: PLEASE SEE ATTACHED

- PENNSYLVANIA STATE BOARD LICENSING LETTER- good for 1 year
- Print out from Pa State License Website – initialed & dated
- DELAWARE STATE BOARD LICENSING LETTER- good for 1 year
- Print out from DE State License Website – initialed & dated
- NEW JERSEY STATE BOARD LICENSING LETTER- good for 1 year
- Print out from NJ State License Website – initialed & dated
- NEW YORK STATE BOARD LICENSING LETTER- good for 1 year
- Print out from NY State License Website – initialed & dated
- OHIO STATE BOARD LICENSING LETTER- good for 1 year
- Print out from NY State License Website – initialed & dated
- MARYLAND STATE BOARD LICENSING LETTER- good for 1 year
- Print out from MD State License Website – initialed & dated
- Education Verification Form From the Direct Program

Sent Date:

Received Date:

Prepared by: _____ **Date:** _____