Mississippi Department of Human Services
Division of Youth Services
Medical Services

HEALTH CARE PERSONNEL
LICENSURE VERIFICATION FORM

Oakley

The professional licenses of the following health services personnel have been reviewed by the undersigned and determined to be current:

Name	Position	Licensing Body	License Number	Expiration Date
		Mississippi Board of Nursing		
		Mississippi Board of Nursing		
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		Mississippi Board of Nursing		
	Nurse Practitioner	Mississippi Board of Nursing		
	Physician	Mississippi Medical Board		
	Physician	Mississippi Medical Board		

	Physician	Mississippi Medical Board		
	Physician	Mississippi Medical Board		
	Dentist	Mississippi Dental Board		
	Dentist	Mississippi Dental Board		
	Dental Hygienist	Mississippi Dental Board		
	Dental Hygienist	Mississippi Dental Board		

_____ Date: _____

Director of Medical Services