



Employee & Family Resources, Inc.®

Verification of Pending Licensure

I, _____, have not yet earned professional licensure in my state of practice. I am in the process of supervised hours toward licensure and anticipate earning _____ licensure on the following date: _____.

Clinician Signature

Date

Name of practice (if different from name)

City, State

Mail, fax, or email this request to:

Provider Relations

Employee & Family Resources

505 5th Avenue, Suite 600

Des Moines, IA 50309-2319

Fax (515) 284-5201

ProviderRelations@efr.org