



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
ProviderRelations2@efr.org