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LIMITED LICENSE PERSONNEL LIST

TDDD License Number (leave blank if new application): _____

Location License Name: _____

Date: _____

List the name, professional license number, type of professional license or certification level (if applicable), and expiration date of the license or certification. You may submit your own list (i.e., Excel spreadsheet) as long as it contains all of the required information.

(Ex. Type of license/Certification Level - RN, MD, EMT-B, EMT-P)

NAME	PROFESSIONAL LICENSE NUMBER	TYPE OF LICENSE / CERTIFICATION LEVEL	EXPIRATION DATE

Duplicate this form as necessary

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