OhioHealth

VERIFICATION OF PRACTITIONER IDENTITY

The Joint Commission requires that the hospital verifies the practitioner requesting membership and/or privileges is the same practitioner identified in the credentialing documents. We therefore require that you provide a **clear and legible** copy of your government issued driver's license or passport. This notary form must be completed as requested. A separate notary form will not be accepted. Electronic and on-line notarizations accepted.

APPLICANT'S DRIVER'S LICENSE OR PASSPORT

The copy must be clear and legible, including the photo.

Failure to provide a legible copy will result in refusal of this form and a new form will be required.

By signing and dating this document in the presence of a notary I attest that the image above, or on an attached page represents a true copy of my original government issued identification document.

Applicant's Signature _____ Date _____

STATE OF:_____ COUNTY OF:_____

Acknowledged and signed in my presence by:_____
(Applicant's Name)

the_____of_____, _____

Notary Public _____ My Commission Expires

Notary Printed Name _____

Please note that the notary is attesting to the applicant's signature on this form and not the actual driver's license.

Notary: You must include your notary seal on documentation submitted.