

# GOVERNMENT LICENSE RENEWAL FORM

## PERSONAL INFORMATION

Applicant Name:	Sarah Elizabeth Johnson
License Number:	PRO-LIC-2023-9234
Type of License:	Professional Medical License
Expiration Date:	28/02/2025
Date of Renewal Application:	20/01/2025

## ADDRESS AND CONTACT

Residential Address:	456 Oak Avenue, Suite 200, Boston, MA 02115
Phone Number:	+1-617-555-7890
Email:	sarah.johnson@medicalpractice.com

## PAYMENT DETAILS

Payment Status:	Completed
Payment Date:	20/01/2025
Amount Paid:	\$250.00

## NOTES AND REMARKS

Continuing Education Credits:	45 hours completed
License History:	Clean record, no disciplinary actions
Specialization:	Internal Medicine

<b>Renewal Period:</b>	3 years
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Applicant Signature: \_\_\_\_\_

Submission Date: \_\_\_\_\_

*Signature: Sarah E. Johnson | Submission Date: 20/01/2025*