# Chapter 5 - Verification of Identifying Information

Guidance

Resources (8)

**Appendices (1)**

Updates (3)

## Appendices

### Appendix: Sample Language for Healthcare Certification

#### Healthcare Certification[1]

[*Date*]

To Whom It May Concern:

I am a licensed [*counselor, nurse practitioner, physician, physician assistant, psychologist, social worker, or therapist*], and I have treated or evaluated [*patient's name*] in relation to [*patient's name*]'s gender identity. In my professional opinion, [*patient's name*]'s gender identity is consistent with a designation of [*male or female*].

**Patient's Information:**
Full Name:
Date of Birth:

**Healthcare Professional's Information:**
Full Name:
Organization (if any):
Address:
Phone Number:
License Type: [*counselor, nurse practitioner, physician, physician assistant, psychologist, social*

*worker, or therapist*]
License Number:
Issuing State, Country, or other Jurisdiction of License:

Sincerely,

[*Healthcare Professional's Signature*]

[*Healthcare Professional's Printed Name*]

## Footnote

[^ 1] This format and language is one example of an acceptable healthcare certification letter; officers should accept other language and formats as long as they satisfy the requirements set out in Chapter 5, Verification of Identifying Information, Section C, Personal Information, Subsection 2, Gender [**1 USCIS-PM E.5(B)(2)**].

Current as of April 27, 2021