

VERIFICATION OF LICENSURE

Complete this form **ONLY** if you are endorsing a nursing license from another state
AND your state Board is not listed at www.nursys.com

To the Applicant

Complete this section and send to the Board of Nursing in the state where you received your original license. Contact your original state of licensure for fee requirements. REGISTERED NURSE

NOTE: Be sure to check the states listed on the NurSys form to determine whether you should complete this attachment or the NurSys form. LICENSED PRACTICAL NURSE

Last Name (print clearly)

First Name (print clearly)

Middle Name (print clearly)

Maiden Name (print clearly)

Address (print clearly)

City (print clearly) State Zip Code (print clearly)

Social Security # (print clearly) License # Date of Birth

To Be Completed by the Board of Nursing in the State of Original Licensure

Licensed in the State of: _____ By Endorsement License Type Issued: RN /
 By Examination LPN _____
Date of Original License (Mo./Yr.)

Name of Nursing Program (PON) (print clearly)

City of PON State of PON

Type of Program: Vocational RN Diploma _____ /
 ADN/AAS BSN Date of Completion (Month/Year)
 Masters Other Is/Was this an approved program? Yes No

Has this license ever been revoked, suspended, restricted, limited, probated, or otherwise disciplined? Yes No
(If Yes, attach a copy of any order by the Board)

Is there any action pending on this license or privilege to practice? Yes No (If Yes, submit a certified copy of the Board's action)

Is or has this licensee ever been a participant in a state Board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? Yes No

Did this individual take and pass either the State Board Test Pool Exam (SBTPE) or the National Council Licensure Exam (NCLEX)?

Yes Series #: _____ No If No, please explain: _____

I certify that the above information accurately represents the information on file with the Board.

Signed and the Board seal affixed on this date

Signature: _____

Title: _____

SEAL