**LICENSE VERIFICATION FORM – NON-NURSYS PARTICIPATING STATES (ONLY)**

**APPLICANT:** Complete the top portion only and send to the Board of Nursing in the state where you were originally licensed by Exam. If your state participates in the NURSYS License Verification System go to https://www.nursys.com/NLV/NLVTerms.aspx to request your license verification.

Name: [Last] [First] [Middle] [Social Security Number]:

Address:

RN License No.: [ ] LPN License No.: [ ] Year Issued: [ ]

Name on Original License:

**TO THE BOARD OF NURSING:** Please provide the information requested and return the form to the Virginia Board of Nursing.

**APPLICANT’S FULL NAME**

Last: [ ] First: [ ] Middle: [ ] Maiden: [ ]

Was school approved at time applicant graduated: [ ] Yes [ ] No

Graduation date/year:

**REGISTERED NURSE (RN)**

School: ___________________________

Location: ___________________________

Type of Program: AD [ ] BS [ ] DIP [ ] MSN [ ]

Graduation from registered nurse program: [ ]

Program in English: [ ] Yes [ ] No

SBTP Series #: ________

SBTP Score #: ________

NCLEX #: ________

NCLEX Score: ________

CRNE: ________

OTHER: ________

**LICENSED PRACTICAL NURSE (LPN)**

School: ___________________________

Location: ___________________________

Type of Program: AD [ ] BS [ ] DIP [ ]

Graduation from practical nurse program: [ ]

Program in English: [ ] Yes [ ] No

SBTP Series #: ________

SBTP Score #: ________

NCLEX #: ________

NCLEX Score: ________

OTHER: ________

**LICENSE NUMBER** ________ was granted on ____________________ by: Examination [ ] Endorsement [ ] Waiver [ ]

Status of license: Current [ ] Lapsed [ ] Inactive [ ]

Has license ever been suspended, revoked or otherwise disciplined? Yes [ ] No [ ] If yes, please attach certified copy of any order issued by the Board.

I certify the above information to be true in every respect, according to the record on file with the [ ] State Board of Nursing.

[ ] SEAL [ ] Date [ ] Executive Director

Revised: 5/1/18