



Virginia Department of
Health Professions
Board of Nursing

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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