

TEXAS BOARD OF NURSING
333 Guadalupe, Ste. 3-460, Austin, Texas 78701

TEXAS BOARD OF NURSING VERIFICATION OF REGISTERED NURSE LICENSURE FORM

I. APPLICANT

To be completed by the applicant and forwarded to original state/province of licensure and ALL appropriate licensing boards.

Name (Last, First, Middle, Maiden)		Previous Name(s)	
Current Address		City	State Zip
Date of Birth (mo/day/yr)	Social Security Number	Basic Nursing Education Program -Type of Basic Nursing Program [] DIP [] ADN [] BSN [] OTHER	
Name as appears on original license (Last,First,Middle,Maiden)		City of Program	Date of Completion
Original State of Licensure	Issue date of Original Licensure	Original License Number	

II. LICENSING BOARDS: To be completed by licensing board(s) (other than original state/province of licensure) where you hold RN licensure and forward (ENDORSEMENT) to the Texas Board of Nursing

This is to certify that _____ was issued RN license number _____ Date Issued _____
(Applicant)

Current Licensure Status: [] Active [] Inactive [] Lapsed Expiration Date: _____

Has license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? ** [] YES [] NO
** If yes, please send certified copies of Board actions.

III. ORIGINAL LICENSING BOARD: To be completed only by original state of licensure and forwarded to the Texas Board of Nursing (EXAMINATION)

Basic Nursing Education Program Completed						Approved by State/Province/Territory? [] YES [] NO	
Location (city/state/province)			Graduation Date			Type of Basic Nursing Program [] DIP [] ADN [] BSN [] Other _____	
STATE BOARD TEST POOL EXAMINATION FOR REGISTERED NURSES						NCLEX-RN®	
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	Comprehensive Exam	
Score						Comprehensive Exam	
Series/Form#							

Has license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? ** [] YES [] NO
** If yes, please send certified copies of Board actions.

Licensing Board must affix seal and sign document below:

Signature: _____

(SEAL)

Title: _____

State: _____ Date: _____