

TEXAS BOARD OF NURSING
 333 Guadalupe - Suite 3-460, Austin, Texas 78701
 (512) 305-7400 – Web Site: www.bon.texas.gov

**VERIFICATION OF LICENSURE FOR NCLEX-PN EXAMINATION
 for Graduates outside of the USA and US Territories**

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|--|-------------------------------------|---|
| SECTION A: <u>APPLICANT PORTION</u> - To be completed by the applicant and forwarded to the <u>ALL</u> appropriate licensure authorities that the applicants has been licensed as a professional registered nurse or licensed vocational/practical nurse in the applicable country, state, province, and/or territory. | | |
| Name (First, Middle, Last) | All Previous Name(s) used | |
| Mother's Maiden Name | Date of Birth(month/day/year) | License Number |
| Name as appears on original license (First, Middle, Last) | Issuance Date of Original Licensure | Name of Country/Province/Territory Issued |
| Basic Nursing Education Program- Type of Basic Nursing Program <input type="checkbox"/> Vocational/Practical Program <input type="checkbox"/> Other _____ | | |
| LICENSING AUTHORITY PORTION: Only to be completed by the licensing authority | | |

Licensing Agency: The above named individual has applied for Licensure as a licensed vocational nurse in the State of Texas. Please complete the information below in its entirety and return this form to the Board's address listed above

This is to verify _____

First Name
Middle Name
Maiden Name
Last Name

 was issued # _____ to practice as a (circle one) RN / LVN nurse on _____ / _____ / _____.

month
day
year

The license expires on _____ / _____ / _____ or issued for life.

month
day
year

Licensure status: Active Lapsed Inactive Encumbered*
 * If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.

Was the applicant originally licensed in your country? YES NO

If "NO", what country did the applicant originally receive recognition as a nurse? _____

Nursing program name: _____

Location of program: _____

City
Country

Type of Basic Nursing Education Program: Vocational/Practical Program Other _____

Was this program conducted in English? YES NO **Date of Graduation:** _____ / _____ / _____ (Month/Day/Year)
 *If UNABLE to provide month/day/year of graduation, please attach a letter of explanation.

Signed _____

(Must bear Official Seal here)

Must be original signature-Stamped signatures not accepted

Title _____

Country/State/Province/Territory _____

Contact phone number/email address _____

Date Signed _____ / _____ / _____

Month
Day
Year