**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-RN®** EXAMINATION*
***for Graduates outside of the USA and US Territories***

SECTION A: APPLICANT PORTION - To be completed by the applicant and forwarded to the ALL 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

[ ] Vocational/Practical Program [ ] Other _____

LICENSING AUTHORITY PORTION: Only to be completed by the licensing authority

Licensing Agency: The above named individual has applied for Licensure as a registered 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** If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.*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:** [ ] Diploma [ ] Associate Degree [ ] Baccalaureate Degree [ ] Master's Degree

**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