

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

**VERIFICATION OF VOCATIONAL/PRACTICAL NURSE LICENSURE FORM FOR:
 NCLEX-PN® EXAMINATION Graduates outside of the USA and US Territories
 or LVN ENDORSEMENT Applicants for states/territories/countries that DO NOT participate in NURSYS**

SECTION A: APPLICANT PORTION - To be completed by the applicant and forwarded to the <u>ALL</u> appropriate licensure authorities where the applicant has been licensed as a vocational/practical nurse.		
Name (First, Middle, Last)		
All Previous Name(s) used	Date of Birth(mm/dd/yyyy)	License Number
Name as it appears on original license issued by this state/territory/country/province (First, Middle, Last)	Original Date of Issuance of this License (mm/yyyy)	Name of Country/Province/Territory Issued

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

Licensing Agency: The above named individual has applied for licensure as a vocational/practical 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 VN/PN 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 * If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.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/granted authority to practice nursing in your state/country? [] YES [] NO
 If "NO", in what state/country did the applicant originally receive recognition as a nurse? _____

Basic Nursing Education Program Completed: _____

Location of program: _____

City/State/Province
Country

Type of Basic Nursing Education Program: [] Diploma(PN) [] VN/PN Certificate [] Associates Degree (PN) [] 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