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

VERIFICATION OF REGISTERED/PROFESSIONAL NURSE LICENSURE FORM FOR:

NCLEX-RN® EXAMINATION Graduates outside of the USA and US Territories or RN 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 ALL appropriate licensure authorities where the applicant has been licensed as a registered/professional 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 registered/professional 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 RN 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** If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.*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 [ ] 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 be original signature-Stamped signatures not accepted

(Must bear Official Seal here)

Title____

Country/State/Province/Territory______________________________

Contact phone number/email address ____________________________

Date Signed____________/____________/____________
Month Day Year