

TEXAS BOARD OF NURSING
1801 Congress Avenue, #10-200
Austin, Texas 78701
E-mail: Compliance@BON.texas.gov Phone: 512/305-6838

VERIFICATON OF COURSE COMPLETION

Regarding: _____ License Number: _____
(Name of LVN/RN/APRN)

This is to certify that the above identified nurse has successfully completed

the course entitled _____
(Name of course)

on _____.
(Completion date)

Instructor's name: _____

Instructor's RN license number: _____

Approved Provider's name: _____

Signature: _____

Title: _____

Telephone number: _____

Should you have any questions, please do not hesitate to contact the Board's office at the above address and phone number or by email.