

TEXAS BOARD OF NURSING

1801 Congress Avenue – Suite 10-200, Austin, Texas 78701
Phone: (512) 305 – 7400 Website: www.bon.texas.gov

VERIFICATION OF VOCATIONAL/PRACTICAL NURSE LICENSURE FORM

SECTION A: APPLICANT PORTION – To be completed by the applicant and forwarded to ALL appropriate licensure authorities where the applicant has been licensed as a registered/professional nurse.

What type of license application are you submitting to Texas? (select one) NCLEX-PN EXAMINATION LVN ENDORSEMENT

Form with fields for Last Name/Surname, First Name/Given Name, Middle/Maiden/Other Name, Date of Birth, List any other names used, Name as it appears on the original license issued by this state/territory/county/province, Name of State/Country/Province/Territory Issued, License Number, Date of Issuance for this License.

SECTION B: LICENSING AUTHORITY PORTION – To be completed by the licensing authority only.

Licensing Authority: The above-named individual has applied for licensure as a vocation/practical nurse in the State of Texas. Please complete the information below in its entirety and RETURN THIS FORM BY EMAIL TO LICENSING@BON.TEXAS.GOV.

This is to verify Last Name/Surname First Name/Given Name Middle/Maiden/Other Name was issued # To practice as a PN/VN on Month Day Year The license expires on Month Day Year or is issued for life.

Licensure Status: Active/Current Lapsed/Inactive/Expired Encumbered\* \*If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.

Was the applicant originally granted authority to practice nursing in your state/country, etc.? Yes No If NO, in what state/country, etc. did the applicant originally receive recognition as a nurse?

Name of School of Nursing Attended City/State Country

Type of Basic Education Diploma (PN/VN) Associate Degree (PN/VN) PN/VN Certificate Other

Was this program conducted in English? Yes No Date of Graduation Month Day Year

(Must bear Official Seal/Stamp Here) Signed Title State/Country/Province/ Territory Contact Phone/Email Date Signed Month Day Year