

TEXAS BOARD OF NURSING

1801 Congress Avenue – Suite 10-200, Austin, Texas 78701

Phone: (512) 305 – 7400 Website: www.bon.texas.gov

VERIFICATION OF REGISTERED/PROFESSIONAL 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? **NCLEX-RN** **RN**
(select one) **EXAMINATION** **ENDORSEMENT**

| Last Name/Surname | First Name/Given Name | Middle/Maiden/Other Name |
|-------------------|-----------------------|--------------------------|
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| Date of Birth (mm/dd/yyyy) | List any other names used | Name as it appears on the original license issued by this state/territory/country/province |
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| Name of State/Country/Province/Territory Issued | License Number | Date of Issuance for this License (mm/yyyy) |
|---|----------------|---|
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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 registered/professional 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 an RN on _____
Month Day Year

The license expires on _____ or is issued for life.
Month Day Year

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**If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.*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 Associate degree Baccalaureate Degree Master's Degree

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