Texas Board of Nursing
333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-6843 Fax: 512-305-8101
Email: aprn@bon.texas.gov
Web Site: www.bon.texas.gov

Paper attestation after graduation

This form is for APRN applicants who applied for licensure prior to completing their APRN program. Please complete the following AFTER you have completed your program (check with your program director if you are unsure about your completion date), and submit to aprn@bon.texas.gov.

Name:_____ **DOB:**_____

First MI Last

APRN Application #:_____ **Program Completion Date:**_____/_____

Month Year

I, the APRN applicant whose name appears on this form, attest that I am the person referred to in this form. I acknowledge that this form is a legal document and attest that:

- the statements herein contained are true in every respect;
- I understand that no one else may submit this form on my behalf;
- I understand that I am accountable and responsible for the accuracy of any answer or statement on this form and all supporting documents for my application;
- I understand that it is a violation of 22 Tex. Admin. Code § 217.12(6)(I) and the Penal Code § 37.10 to submit a false statement to a governmental agency;
- I have met the requirements for licensure as an advanced practice registered nurse in the role and population focus area(s) requested in the previously submitted application number listed above;
- I have submitted Part II of the application to the education program and requested an official transcript be sent to the Board; and
- I have read, understood, and will abide by the rules and regulations relating to advanced practice registered nurses as specified in 22 Tex. Admin. Code Ch. 221.

If I also requested prescriptive authority on the application number listed above, I further attest that:

- I have read, understood, and will abide by the rules and regulations relating to advanced practice registered nurses with prescriptive authority as specified in 22 Tex. Admin. Code Ch. 222.

I understand it is my responsibility to verify the status of my application through the Texas Nurse Portal and ensure all required documents are submitted in a timely manner.

Signature: _____ Date: _____