

Data Request Form

North Carolina Board of Nursing

Complete the form below to request data for Registered Nurses, Licensed Practical Nurses, Nurse Aide IIs and Advanced Practice Registered Nurses.

A data request will result in a list of records (data set) of nurses who are active and in good standing. Please select from the following:

Registered Nurses	\$430.00
Licensed Practical Nurses	\$330.00
Nurse Aide II	\$275.00
Advanced Practice Registered Nurses (Includes NP, CNM, CRNA and CNS)	\$225.00

Fees include handling charge and appropriate sales tax.

Payment Options: Credit or debit card (MasterCard or Visa) or check.

The file format will be Comma Separated Variable (CSV) file which can be manipulated by Microsoft Excel, Open Office Calc or other spreadsheet software. Each different data set will result in a separate file. For example, all LPN's will be in a separate CSV file from the RN's, if you request both data sets.

Method of Delivery: Files will be emailed.

Please allow 2-3 weeks for delivery of the data.

Contact Information

Contact Name

Phone

Email

Company Name

Mailing Address

City

State

ZIP

County

Please describe in detail how you will use this information:

After completing all pages of this form, print and sign. These completed and signed forms must be received along with payment in full before data can be delivered. If paying by check, make check payable to: **NC Board of Nursing**

We require original signatures.

1. Data Request Form
2. Terms of Agreement
3. Invoice along with credit card payment form

Mail to: Data Specialist
NC Board of Nursing
PO Box 2129
Raleigh, NC 27602-2129

FAX AND EMAILS ARE NOT ACCEPTED.

Terms of Agreement

In order for the North Carolina Board of Nursing to release data pertaining to Nursing Licenses or NA II listings to Name of Company prefilled, (Contact Name prefilled) must agree to the following stipulations and conditions related to the use of the data.

1. The data will only be used for the purpose of (prefilled from answer in data request form).
2. The data may be used more than one time but only for the purpose stated above. *Data is current as of the time the data request is completed and sent to (Name of Company prefilled)*.
3. The data will be for the exclusive use of Name of Company prefilled and not to be sold or duplicated in any way.
4. The purchase of the data does not, in any way, constitute endorsement by the NC Board of Nursing. Any solicitation of this manner will result in action by this Board.
5. The North Carolina Board of Nursing is the original and primary source of licensure data for nurses in North Carolina.

I agree to the terms and conditions of this agreement.

Signed: _____ Title: _____

Date: _____

This form must be signed and returned by mail with the Data Request Form and valid form of payment. Credit or Debit card (MasterCard or Visa) or check.

North Carolina Board of Nursing
Attention: Data Specialist
PO Box 2129
Raleigh, NC 276-2-2129

- Social Security numbers and telephone numbers are NOT included in the data.
- Licensees are responsible for updating their name and address information. Therefore, the accuracy of the data on record with NC Board of Nursing CANNOT be guaranteed by NC Board of Nursing.
- ***Data is current as of the time the data request is completed by NC Board of Nursing***

INVOICE



North Carolina Board of Nursing
PO Box 2129
Raleigh, NC 27602
919-782-3211

CUSTOMER INFORMATION

Contact Name _____
Company Name _____
Mailing Address _____
City, State, Zip _____

TERMS: TO BE PAID IN ADVANCE

\$Amount (See Fee Chart)

Registered Nurse	(Amount)
Licensed Practical Nurse	(Amount)
Nurse Aide II	(Amount)
Advanced Practice Registered Nurse	(Amount)
TOTAL	

Check type of payment included:

Credit Card Form

Check

Send invoice and payment along with:

Completed Data Request Form

Signed Terms of Agreement to address above Attention: Data Specialist

**ALL REQUIRED INFORMATION MUST BE RECEIVED ALONG WITH
PAYMENT BEFORE DATA WILL BE SENT.**

North Carolina Board of Nursing

Credit Card Payment Form

The information below applies to the cardholder. It must match information on file with MasterCard or Visa to be accepted for payment authorization. Only MasterCard and Visa are accepted. If the credit/debit card information is incomplete or the card-issuing bank cannot authorize the credit/debit card transaction your request will be returned with the reason for rejection. If paying by credit/debit card the payment amount must be for the full amount, split or partial payments will not be accepted.

Credit Card Type: MasterCard Visa

Credit Card Number

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Expiration Date: Month: Year: **CVC/CVV Code:**

Cardholder Name (as it appears on Credit Card):

Cardholder Billing Address:

City: _____ **State:** _____ **Zip Code:** _____

Total Amount: \$ _____

Cardholder Signature: _____

Credit Card Form A

Date:06/05/00; 12/21/01, 9/27/02