

APPLICATION

IDENTIFICATION DOCUMENT
NORTH CAROLINA BOARD OF NURSING
PO BOX 2506
RALEIGH, NC 27602-2506

Type of Exam (Circle): **RN** **LPN**

Applicant's Name:

Social Security Number:

School (with Program Code):

Date of Birth:

Complete Mailing Address:

Telephone #:

ONE
PASSPORT-TYPE
(2"x2" Head &
Shoulders)
PHOTOGRAPH
(Not over 1 year old)

**Tape or glue – No
staples please**

Snapshots Not
Acceptable

Date of Photograph

E-Mail:

Name of nearest Relative (other than spouse) _____

Address of nearest Relative _____

AFFIDAVIT

STATE of _____
COUNTY of _____

COUNTRY of _____

(Applicant's Name) _____ being duly sworn, says he/she is the person referred to in the foregoing application for examination in the state of North Carolina; that the statements herein contained are true in every respect; that he/she has complied with all the requirements of the law; and that he/she has read and understands this affidavit. **FALSIFICATION OF ANY INFORMATION CONTAINED ON THIS APPLICATION MAY RESULT IN DENIAL OF LICENSE AND/OR ADMINISTRATIVE ACTIONS.**

Sworn to before me, this _____ day of _____, 20____.

Notary Public

Applicant's Signature

My Commission Expires _____
Seal

Mail ONLY the identification document to:
NCBON
PO Box 2506
Raleigh, NC 27602-2506