# NORTH CAROLINA BOARD OF NURSING
# NURSE PRACTITIONER
## Licensure Biography from Other States

Complete the top portion of this form and forward one copy to each licensing board in states where you have held or do hold a nurse practitioner license/approval. Some Boards charge a fee to complete this form; be sure to include any processing fee the state may require.
***Make as many copies of this form as needed.***

I am applying for registration as a Nurse Practitioner in North Carolina.

I was granted approval/license #____________on____________by the State of_________________.

The NC Board of Nursing requires information regarding my license/approval. This is my request for you to respond to the questions below and authorizes you to release any information, favorable or otherwise, to the NC Board of Nursing.

_______________________________ Printed or Typed Name

_______________________________ Signature (**ORIGINAL**)

_______________________________ Social Security Number

_______________________________ Address

_______________________________ Date of Birth

_______________________________

**NURSYS: IMPORTANT INFORMATION RELATED TO NURSE PRACTITIONERS:**
Although NURSYS provides information related to the Registered Nurse license, it **DOES NOT** provide information related to Nurse Practitioner approval/license in other states. Therefore, this form must be completed and returned to the North Carolina Board of Nursing in order to process the licensure biography portion of the NP application.

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**STATE LICENSING AGENCY COMPLETING FORM:**

Please complete and return this form to: **NC Board of Nursing, Attn: Teresa Werlau P. O. Box 2129, Raleigh, NC 27602**.

This is to certify that the records of the________________________Board of Nursing or Medical Board indicate that________________________NP was issued license/approval number______________on _________________, (date) as a nurse practitioner in the state of____________________________.

Respond to the following questions:

1. Is this license/approval current?……………………………………………… ☐ Yes ☐ No Expiration Date________
2. Is this license/approval in good standing?………………………………….. ☐ Yes ☐ No
3. Have any charges ever been filed against this nurse practitioner?……… ☐ Yes ☐ No
4. Do you know of any information that may discredit this person?……….... ☐ Yes ☐ No
5. Do your files indicate any derogatory information?………………………… ☐ Yes ☐ No
6. Have you received any complaints against this nurse practitioner?…….. ☐ Yes ☐ No
7. Has this nurse practitioner been investigated by your Board?…………… ☐ Yes ☐ No
8. Have you received any information about this nurse practitioner from the National Practitioner Data Bank or HIPDB?………………………….. ☐ Yes ☐ No

**For "YES" answers to questions #3-8, please attach an explanation.**

_______________________________ Authorized Original Signature of Individual Completing Form

_______________________________ Date