

APPL# _____

PART II
NORTH CAROLINA BOARD OF NURSING
PO BOX 2129
RALEIGH, NC 27602

VERIFICATION OF NURSE LICENSURE

INSTRUCTIONS TO APPLICANT

Complete the top portion of this form. **SEND THIS FORM TO STATE OR PROVINCE OF ORIGINAL LICENSURE BY EXAMINATION.** Include whatever processing fee that state or province may require. Your state or province will return this form directly to the North Carolina Board of Nursing.

Present Name _____

Name on Original License _____

Address _____

State/Province of Original Licensure _____ Original License Number _____

Year of Original License _____

Signature _____ Date _____

**This section to be filled out in the office of the Board of Nursing and sent directly to:
Attention: Endorsement Dept., North Carolina Board of Nursing.**

Name _____ Social Security Number _____

REGISTRATION: The applicant was licensed in this state by: Examination _____ Endorsement _____ Waiver _____
Date of original licensure _____ RN _____ LPN _____ Original Licensure Number _____
Current License Status Active _____ Inactive _____ Not Current _____
Expiration Date of **Current or Last Active** License _____
Has action ever been taken or is action pending against this person's license? Yes _____ No _____
(If yes, please explain)

RN:
Name of School _____ Location _____
Was the school approved by the Board at the time this applicant graduated? _____ Date of graduation _____
Received: Diploma _____ Associate Degree _____ Baccalaureate Degree _____
SBTPE Series Number _____

	Subject	Standard Score
	Medical Nursing	_____
	Surgical Nursing	_____
	Obstetric Nursing	_____
	Nursing of Children	_____
	Psychiatric Nursing	_____

NCLEX-RN Series _____ Score _____ CNATS Score _____ In English Yes _____ No _____

LPN:
Name of Program _____ Location _____
Was the school approved by the Board at the time this applicant graduated? _____ Date of graduation _____
LPN SBTPE or NCLEX-PN Series Number _____ Score _____

Signature _____
Title _____
Date _____ State _____

AFFIX BOARD SEAL