

North Carolina Board of Nursing **Data Request Information**

Listed below are the data elements you will receive based on your request.

<u>Registered Nurse</u>	<u>Licensed Practical Nurse</u>
Nurse Name	Nurse Name
Address	Address
County	County
Email Address (where available)	Email Address (where available)
Practice Setting	Practice Setting
Position of Employment	Position of Employment
Field of Employment	Field of Employment
Degree	Degree
Certification #	Certification #
Date Originally Licensed	Date Originally Licensed
Expiration Date	Expiration Date

<u>Certified Midwife</u>	<u>Nurse Practitioner</u>
Nurse Name	Nurse Name
Address	Address
County	County
Email Address (where available)	Email Address (where available)
Certification #	Approval #/Prescribing #
Practice Setting	Primary Specialty
Initial Approval Date	Secondary Specialty
Expiration Date	Practice Setting
RN Certification #	Initial Approval Date
	Expiration Date
	RN Certification #
	Compact State

<u>CRNA</u>	<u>Clinical Nurse Specialist</u>
Nurse Name	Nurse Name
Address	Address
County	County
Email Address (where available)	Email Address (where available)
Certification #	Certification #
Initial Approval Date	Expiration Date
Expiration Date	RN Certification #
RN Certification #	Compact State
Compact State	

<u>Nurse Aide II</u>
Nurse Name
Address
County

Email Address (where available)
Certification #
Issue Date
Expiration Date
Employment Setting