

North Carolina Board of Nursing

Data Request

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

Registered Nurse

Nurse Name
Address
County
Email Address (where available)
Practice Setting
Position of Employment
Field of Employment
Basic Degree
Highest Degree
Certification #
Date Originally Licensed
Expiration Date
Compact State

Licensed Practical Nurse

Nurse Name
Address
County
Email Address (where available)
Practice Setting
Position of Employment
Field of Employment
Basic Degree
Highest Degree
Certification #
Date Originally Licensed
Expiration Date
Compact State

Nurse Aide II

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

Nurse Practitioner

Nurse Name
Address
County
Email Address (where available)
Approval #
Primary Specialty
Secondary Specialty
Practice Setting
Initial Approval Date
Expiration Date
Compact State
Registered Nurse Certification #
Registered Nurse Expiration Date

Certified Nurse Midwife

Nurse Name
Address
County
Email Address (where available)
Approval #
Practice Setting
Initial Approval Date
Expiration Date
Compact State
Registered Nurse Certification #

Certified Registered Nurse Anesthetist

Nurse Name
Address
County
Email Address (where available)
Approval #
Initial Approval Date
Expiration Date
Registered Nurse Certification #
Compact State

Clinical Nurse Specialist

Nurse Name
Address
County
Email Address (where available)
Approval #
Primary Specialty
Secondary Specialty
Initial Approval Date
Expiration Date
Registered Nurse Certification #
Compact State