

Application #:

# 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. Any required fees are the applicant's responsibility. **Please make as many copies of this form as are 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.

**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 \_\_\_\_\_, 20\_\_\_\_ as a nurse practitioner in the state of \_\_\_\_\_.

Respond to the following questions:

1. Is this license/approval current?.....  Yes  No
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