

APPL#

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

**REFRESHER COURSE VERIFICATION**

- You have indicated that you have not been actively licensed with in the past five (5) years. In accordance with N.C. Administrative Code .0218(a)(1)(D) or (a)(2)(D) you will be required to complete a NC Board of Nursing approved refresher course prior to licensure by endorsement.
- Mail this form and evidence of completion of a North Carolina Board of Nursing approved refresher course to the attention of Endorsement Department. (Your course provider will give you a form to use once you have completed the course.)

Name \_\_\_\_\_

Address \_\_\_\_\_

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