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

Nurse Aide II

- Nurse Name
- Address
- County
- Email Address (where available)
- Listing #
- 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

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

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
- Issue Date
- Expiration Date
- Registered Nurse Certification #
- Compact State