

APPL# _____

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

VERIFICATION OF CURRENT STATUS

INSTRUCTIONS TO APPLICANT:

Complete the top portion of this form. **SEND THIS FORM TO STATE OR PROVINCE IN WHICH YOU ARE CURRENTLY OR WERE LAST EMPLOYED, IF DIFFERENT THAN YOUR ORIGINAL STATE.** Include whatever processing fee that state or province may require. Your state or province will return this form directly to the North Carolina Board of Nursing.

Name _____

Address _____

State of Current Employment _____ License Number _____

Signature _____ Date _____

**This section to be filled out in the office of the Board of Nursing and sent directly to:
Attention: Endorsement Dept., North Carolina Board of Nursing.**

Name _____

License Number _____ Social Security # _____

Is there any reason why he/she should not be considered for licensure in North Carolina?

Has there ever been any action taken, or is action pending against this license? This includes revocation, suspension, restriction, probation, reprimand, censure, participation in an alternative chemical dependency program in lieu of disciplinary action, or other disciplinary proceedings? (attach explanation if yes) _____

Expiration date of current OR last active license _____

If this license is not current, would the individual be eligible for reinstatement? _____

Signature _____

AFFIX BOARD SEAL

Title _____

State _____ Date _____