

**VERMONT BOARD OF NURSING  
VERIFICATION OF REGISTERED NURSING LICENSURE**

**APPLICANT:** Complete the applicant section of this form and forward it to the licensing authority in the country in which you obtained your license. Please print. **MOST LICENSING AUTHORITIES CHARGE A FEE TO COMPLETE THIS FORM.**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Former)

Address \_\_\_\_\_  
(Street) (City) (State) (Country) (Post Code)

Date of Birth: \_\_\_\_\_ License# \_\_\_\_\_ Date Issued \_\_\_\_\_

**I hereby authorize the Licensing Authority in the State/Country of \_\_\_\_\_ to furnish to the Vermont Board of Nursing the information requested below.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATE/COUNTRY LICENSING AUTHORITY:** Please complete the bottom of this form and return to: Vermont Board of Nursing, National Life Bldg., North, FL2, Montpelier, VT 05620-3402.

License Number \_\_\_\_\_ Country \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expired \_\_\_\_\_

If licensed/certified by endorsement please indicate state or country endorsed from: \_\_\_\_\_

Licensed By: ( ) Examination ( ) Endorsement/Reciprocity ( ) Waiver (If Yes, Please Explain) ( ) Other

License Status: ( ) Active ( ) Inactive ( ) Lapsed ( ) Other

Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation, etc.)? ( ) Yes ( ) No If yes, attach a copy of the decision.

List name of exam taken: \_\_\_\_\_

Number of times applicant wrote the examination? \_\_\_\_\_

Name of Nursing Education Program Completed \_\_\_\_\_

Location (City and State) \_\_\_\_\_ Year Graduated \_\_\_\_\_

Was the nursing program accredited? \_\_\_\_\_ YES \_\_\_\_\_ NO

By what accrediting body? \_\_\_\_\_

(OFFICIAL SEAL)

\_\_\_\_\_  
Name of Licensing Agency

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Title Date