

Office of Professional Regulation
Vermont Board of Nursing

Licensed Practical Nurse Verification of Education

Directions:

This verification of education must be completed by the school and sent directly from the school in a sealed envelope to the Vermont Board of Nursing. If you have questions completing this form, please call the Board office at 802-828-2396.

Information Below To Be Completed by the Applicant

Last Name	First Name	MI	Former/Maiden Name (As on School Documents)		
Mailing Address – Street		City	State	Zip	Date of Birth
I hereby authorize the School of Nursing to furnish to the Board of Nursing the information requested below.					
Signature			Date		

Information Below To Be Completed by the School of Nursing

Name of Nursing School					
Mailing Address					
Program Commenced (mm/dd/yyyy)			Date of Program Completion(mm/dd/yyyy)		
Date of Graduation (mm/dd/yyyy)			Degree/Certificate Earned (mm/dd/yyyy)		

Is your Nursing Program approved or accredited?		YES	NO
Provide the name (s) of the governing body or agency below:			
Name			
Name			

Was the language of instruction and textbooks for the nursing program taught in English?	YES	NO
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Last Name _____ First Name _____ MI _____

Summary of Theoretical Education and Clinical Practice Hours

Clinical Area of Practice	Theory Hours	Course/Subject Title/Number (REQUIRED)	Clinical Hours	Course/Subject Title/Number (REQUIRED)
Adult Nursing				
Maternal/Infant Nursing				
Psychiatric/Mental Health Nursing				
Pediatric Nursing				

Support Courses:	Theory Hours	Course/Subject Title/Number (REQUIRED)
Anatomy and Physiology		
Social/Behavioral Science		

Print Name		Date		Official School Seal/Stamp
Position/Title		Telephone		
		Email		
Signature of Dean/Director				

Note: Please sign and place official school stamp on BOTH pages of this form, attach Official School Transcripts and send directly to the Vermont Board of Nursing in a sealed envelope. Thank you.

Return to:

Vermont Board of Nursing
National Life Bldg., North FL 2
Montpelier, VT 05620-3402