

**VERMONT BOARD OF NURSING – RE-TAKE APPLICANT
VERIFICATION OF INTERNATIONAL PRACTICAL 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 Country of _____ to furnish to the Vermont Board of Nursing the information requested below.

Applicant Signature _____ Date _____

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 or government approved? _____ YES _____ NO

By what accrediting body or government agency? _____

(OFFICIAL SEAL)

Name of Licensing Agency

Signature of Person Completing Form

Title Date

Approved 2/20/09