

Vermont Board of Nursing
Passport Information Form

Last Name/Surname/Family Name (As on Passport)		First Name	MI	Former/Maiden
Mailing Address - Street				
City	State	Country	Postal Code	
Telephone:	E-Mail:	Date of Birth (mm/dd/yyyy)		

A Passport Number is required if you do not have a Social Security Number.

Passport Number: _____ Country of Issue: _____

Expiration Date: _____
mm/dd/yyyy

Statement of Applicant

I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure or further disciplinary sanction.

Signature: _____

Date: _____