

Vermont Board of Nursing
 Office of Professional Regulation
 National Life Bldg, North FL 2
 Montpelier, VT 05620-3402
 802-828-1380

School Information Request:

Last Name	First Name	MI	Former/Maiden
Mailing Address - Street			
City	Postal Code	State	Country
Telephone:	Fax:	E-Mail:	Date of Birth

Nursing Education: Name, City & State of College/University Attended	Degree Earned	Date Graduated (mm/dd/yyyy)
Name: _____ _____ Address: _____ _____ Email: _____ Phone: _____		

Statement of Applicant	
<p>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.</p>	
Signature:	Date: