

Office of Professional Regulation  
Vermont Board of Nursing

**Registered Nurse Verification of Education Form**

**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**

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

**Information Below To Be Completed by the School of Nursing**

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

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

<b>Was the language of instruction and textbooks for the nursing program taught in English?</b>	<b>YES</b>	<b>NO</b>
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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		
Microbiology		
Humanities		
Social/Behavioral Science		

Print Name		Date		<b>Official School Seal/Stamp</b>
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