

**Verification of Education – Attach *Stamped* Official Transcript and Clinical Transcripts**  
**This page and the following page must also be stamped by the school**

Applicant: Complete the box below and have the School of Nursing complete this page and the page following.

Last Name (As on Application AND Passport)		First Name		MI	Former/Maiden Name (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: (Attach Official Transcript and Detailed Course Descriptions)

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

1. What was the language (s) of the textbooks for the nursing program?	
2. What was the language (s) of instruction for the theory element of the nursing program?	
3. What was the language (s) of instruction for the clinical element of the nursing program?	

Is your Nursing Program approved/recognized or accredited by your country's government or an accrediting agency?	YES	NO
Provide the contact information for that governing body or agency below:		
Name		
Address		
Phone Number		
Web Address		
Email Address (if applicable)		

Last Name/Surname \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

**Summary of Theoretical Education and Clinical Practice Hours**

Clinical Area of Practice	Theory Hours	Course/Subject/Module Title(s)/Number on Transcript (REQUIRED)	Clinical Hours	Course/Subject/Module Title(s)/Number on Transcript (REQUIRED)
Care of the Adult-Medical Nursing				
Care of the Adult-Surgical Nursing				
Maternal/Infant Nursing or Obstetric Nursing				
Psychiatric/Mental Health Nursing				
Pediatric Nursing/Care of the Sick Child:				

Support Courses:	Theory Hours	Course/Subject/Module Title(s)/Number on Transcript (REQUIRED)
Anatomy and Physiology		
Microbiology		
Psychology		

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.  
Thank you.**