

Vermont Board of Nursing

**Nursing Employment Status  
Information Form**

**Directions:**

The purpose of this form is to provide documentation to the Board of Nursing regarding your employment status in nursing. Complete this form if you are **not** currently employed in nursing. It is important to complete the entire form. Please print clearly.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

License Number: \_\_\_\_\_ - \_\_\_\_\_

License Status:

- Active-Conditioned
- Inactive-Conditioned
- Suspended

I am **not** currently working as a:

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Licensed Nursing Assistant (LNA)

Last nursing position held:

Job Title	
Last Date of Employment	
Name of Organization	
Contact Person	
Telephone Number	

**Statement of Licensee**

I understand that I must notify the Board of Nursing office **immediately** upon obtaining employment in nursing.

I certify, under the pains and penalties of perjury, that all information I have provided in this form is true and accurate.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date