Tennessee Department of Health
Health Related Boards
Tennessee Board of Nursing
665 Mainstream Drive
Nashville, TN 37243

REQUEST FOR VERIFICATION OF LICENSE

APPLICANT: Complete the top part of this page and forward it to the state in which you were ORIGINALLY licensed.

NAME: _____
(last) (first) (middle) (maiden)

NAME WHEN ORIGINALLY LICENSED: _____
(last) (first) (middle) (maiden)

ADDRESS: _____
(street) (city) (state) (zip)

NURSING EDUCATION PROGRAM COMPLETED: _____

ORIGINAL LICENSE NUMBER: _____ ❑ R.N. ❑ L.P.N. DATE ISSUED: _____

SOCIAL SECURITY NO.: _____

I hereby authorize the _____ Board of Nursing to furnish to the Tennessee Board of
(state to which sending form)
Nursing the information requested below.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE-FOR LICENSING AGENCY ONLY

This is to certify that the above named was issued license number _____ to practice as a:

❑ Registered Nurse ❑ Licensed Practical Nurse on _____

Licensed by: ❑ Examination ❑ Endorsement ❑ Waiver ❑ Expiration date: _____

Current licensure status: Active Inactive Not Current

Has this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited, placed on probation)?

Yes ❑ No ❑ If yes, please explain on reverse side.

STATE BOARD TEST POOL EXAMINATION	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	NCLEX RN	NCLEX LPN
Standard Scores	_____	_____	_____	_____	_____	_____	_____
Series/ Form	_____	_____	_____	_____	_____	_____	_____

Nursing education program completed: _____
(name)

Location: _____ Year of graduation _____
(city) (state)

Was nursing education program approved by Board of Nursing at time of graduation? ❑ Yes ❑ No

SIGNED _____ STATE _____

SEAL

TITLE _____ DATE _____

PH-2384
Rev. (05/08)

RDA 10137