



**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 Nursing the information requested below.
(state to which sending form)

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						NCLEX	NCLEX
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	RN	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 _____

TITLE _____ SEAL _____ DATE _____