

*Texas Board of Nursing  
333 Guadalupe Street, Suite 3-460  
Austin, Texas 78701  
Email: [compliance@bon.texas.gov](mailto:compliance@bon.texas.gov) Phone: (512) 305-6838*

**VERIFICATION OF COURSE COMPLETION**

Regarding: \_\_\_\_\_ License Number: \_\_\_\_\_  
*(Name of Licensed Vocational / Registered Nurse)*

This is to certify that the above identified nurse has successfully completed the course  
entitled \_\_\_\_\_  
*(Name of Course)*

on \_\_\_\_\_.  
*(Date)*

*Instructor's Name:* \_\_\_\_\_

*Instructor's RN License Number:* \_\_\_\_\_

*Approved Provider's Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Telephone Number:* \_\_\_\_\_

Should you have any questions, please do not hesitate to contact the Board's office at the above address, by phone at (512)305-6736, or by email at [compliance@bon.texas.gov](mailto:compliance@bon.texas.gov).

**Return to: Compliance  
Texas Board of Nursing  
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