

TEXAS BOARD OF NURSING

1801 Congress Avenue – Suite 10-200, Austin, Texas 78701
(512) 305-7400 – Web Site: www.bon.texas.gov

VERIFICATION OF REGISTERED/PROFESSIONAL NURSE LICENSURE FORM

SECTION A: APPLICANT PORTION – To be completed by the applicant and forwarded to ALL appropriate licensure authorities where the applicant has been licensed as a registered/professional nurse.

What type of license application are you submitting to Texas? (select one) **NCLEX-RN EXAMINATION** **RN ENDORSEMENT**

Last name/Surname		First name/Given name		Middle/Maiden/Other name	
Name as it appears on the original license issued by this state/territory/country/province.				License number	
List any other names used.	Original Date of Issuance for this License (mm/yyyy)		Name of State/Country/Province/Territory Issued		

SECTION B: LICENSING AUTHORITY PORTION -To be completed by the licensing authority only.

Licensing Authority: The above-named individual has applied for licensure as a registered/professional nurse in the State of Texas. Please complete the information below in its entirety and **RETURN THIS FORM BY EMAIL TO LICENSING@BON.TEXAS.GOV.**

This is to verify _____
Last name/Surname **First name/Given name** **Middle/Maiden/Other name**

was issued # _____ to practice as an RN on _____
Month **Day** **Year**

The license expires on _____ or is issued for life.

Licensure status: Active/Current Lapsed/Inactive/Expired Encumbered*

**If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.*

Was the applicant originally granted authority to practice nursing in your state/country etc.? Yes No

If **NO**, in what state/country etc. did the applicant originally receive recognition as a nurse? _____

Name of the School of Nursing Attended _____
City/State **Country**

Type of Basic Nursing Education: Diploma Associate Degree Baccalaureate Degree Master's Degree

Was this program conducted in English? Yes No **Date of Graduation** _____
Month **Day** **Year**

(Must bear Official Seal/Stamp here)

Signed _____
Title _____
State/Country/Province/Territory _____
Contact phone/email _____
Date signed _____
Month **Day** **Year**