



TEXAS BOARD OF NURSING

1801 Congress Avenue, Ste. 10-200

Austin, Texas 78701

512/305-7400 Voice – 512/305-7401 Fax

Web Address: www.bon.texas.gov

Electronic Nurse File Order Form

This product has replaced the Board's Computerized List Product.

The complete electronic list of the Registered Nurse database **OR** the Licensed Vocational Nurse database **OR** the Advanced Practice Nurse database contains nurses who have been issued a license in Texas. The options, by listing, are the entire database or only Currently Licensed Nurses. Each database is split into a set of files containing 60,000 records or less per file. The files are pipe delimited, fix length, text based and sorted by last name. The files can be imported/loaded, searched and manipulated using standard PC software (Excel, Lotus, Word, Word Perfect). The best source of information on how to perform these function is your software reference manual or help menu item within the software application. ***Note: The Texas Attorney General's office has ruled that dates of birth are no longer releasable. This column has been redacted on the form.***

Due to the size and quantity of file, the Board will not email or FTP the files. The database and a copy of the file layout will be mailed to you on a CD-ROM.

Instructions:

- Please complete this form carefully and mail it to the Texas Board of Nursing with payment to the address above.
- Credit cards can not be accepted. Make all checks or money orders payable to the Texas Board of Nursing.
- Please allow up to 15 days from receipt of your payment for processing.
- All prices include Shipping and Handling.
- Order can not be expedited or shipped via overnight services.

Qty	Description	Price	Amount
	Advanced Practice Nurse - Entire Database regardless of Status (approx. 38,000 records)	\$65.00	
	Advanced Practice Nurse - All Currently Recognized APNs (approx. 26,000 records)	\$65.00	
	License Vocational Nurse - Entire Database regardless of Status (approx. 277,000 records)	\$65.00	
	Licensed Vocational Nurse - All Currently Licensed LVNs (approx. 105,000 records)	\$65.00	
	Registered Nurse - Entire Database regardless of Status (approx. 562,000 records)	\$65.00	
	Registered Nurse - All Currently Licensed RNs (approx. 316,000 records)	\$65.00	
	Total Amount Enclosed		

Mail to:	
Address:	
Address:	
City, St, Zip	
Phone:	
Email:	

Registered Nurse and Licensed Vocational Nurse - Electronic Files Layout

Field Label	Field Size (character)	Starting Position	Ending Position
License Number	6	1	6
filler - pipe delimiter	1	7	7
Last Name	30	8	37
filler - pipe delimiter	1	38	38
First Name	18	39	56
filler - pipe delimiter	1	57	57
Middle Name	18	58	75
filler - pipe delimiter	1	76	76
Mailing Address Line 1	30	77	106
filler - pipe delimiter	1	107	107
Mailing Address Line 2	30	108	137
filler - pipe delimiter	1	138	138
Mailing Address Foreign Line	33	139	171
filler - pipe delimiter	1	172	172
Mailing Address City	23	173	195
filler - pipe delimiter	1	196	196
Mailing Address State	2	197	198
filler - pipe delimiter	1	199	199
Mailing Address Zip code	5	200	204
filler - pipe delimiter	1	205	205
Gender	1	215	215
filler - pipe delimiter	1	216	216
Ethnicity	20	217	236
filler - pipe delimiter	1	237	237
License Status	30	238	267
filler - pipe delimiter	1	268	268
License Status Date (MMDDYYYY)	8	269	276
filler - pipe delimiter	1	277	277
Texas License Issuance Date (MMDDYYYY)	8	278	285
filler - pipe delimiter	1	286	286
County of Residence	20	289	306
filler - pipe delimiter	1	307	307
Employment Status	30	308	337
filler - pipe delimiter	1	338	338
Primary Practice Setting	30	339	368
filler - pipe delimiter	1	369	369
Primary Practice Position Type	30	370	399
filler - pipe delimiter	1	400	400
Primary Specialty	30	401	430
filler - pipe delimiter	1	431	431
Highest Degree	30	432	461
filler - pipe delimiter	1	462	462
Basic Nursing Education	30	463	492
filler - pipe delimiter	1	493	493
Current Advanced Practice Recognition (Y/N)	1	494	494

Registered Nurse and Licensed Vocational Nurse - Electronic Files Layout

Field Label	Field Size (character)	Starting Position	Ending Position
filler - pipe delimiter	1	495	495
State of Original Licensure	2	496	497
filler - pipe delimiter	1	498	498
Date of Last Renewal (MMDDYYYY)	8	499	506
filler - pipe delimiter	1	507	507
Date of Last Update (MMDDYYYY)	8	508	515
filler - pipe delimiter	1	516	516
Current Board Action (Y/N)	1	517	517
filler - pipe delimiter	1	518	518
Date of Board Action Imposed (MMDDYYYY)	8	519	526
filler - pipe delimiter	1	527	527
Name of Basic Nursing School	50	528	577
filler - pipe delimiter	1	578	578
State of Basic Nursing School	2	579	580
filler - pipe delimiter	1	581	581
Entry Date into Basic Nursing School (MMDDYYYY)	8	582	589
filler - pipe delimiter	1	590	590
Graduation Date from Basic Nursing School (MMDDYYYY)	8	591	598

Advance Nurse Practitioner - Electronic File Layout

Field Label	Field Size (character)	Starting Position	Ending Position
License Number	6	1	6
filler - pipe delimiter	1	7	7
Last Name	30	8	37
filler - pipe delimiter	1	38	38
First Name	18	39	56
filler - pipe delimiter	1	57	57
Middle Name	18	58	75
filler - pipe delimiter	1	76	76
Mailing Address Line 1	30	77	106
filler - pipe delimiter	1	107	107
Mailing Address Line 2	30	108	137
filler - pipe delimiter	1	138	138
Mailing Address Foreign Line	33	139	171
filler - pipe delimiter	1	172	172
Mailing Address City	23	173	195
filler - pipe delimiter	1	196	196
Mailing Address State	2	197	198
filler - pipe delimiter	1	199	199
Mailing Address Zip code	5	200	204
filler - pipe delimiter	1	205	205
Gender	1	215	215
filler - pipe delimiter	1	216	216
Ethnicity	20	217	236
filler - pipe delimiter	1	237	237
County of Residence	20	238	257
filler - pipe delimiter	1	258	258
APN Category	40	259	298
filler - pipe delimiter	1	299	299
APN Sub-Catergory	50	300	349
filler - pipe delimiter	1	350	350
APN Sub-Catergory Other	25	351	375
filler - pipe delimiter	1	375	376
APN Status	40	377	416
filler - pipe delimiter	1	417	417
APN Expiration Date	8	418	425
filler - pipe delimiter	1	426	426
APN Approval Date	8	427	434
filler - pipe delimiter	1	435	435
APN Prescriptive Authorization Number	10	436	445
filler - pipe delimiter	1	446	446
APN Prescriptive Authorization Status	40	447	486
filler - pipe delimiter	1	487	487
APN Prescriptive Authorization Expiration Date	8	488	495
filler - pipe delimiter	1	496	496
APN Prescriptive Authorization Approval Date	8	497	504