



## **NURSING LICENSE VERIFICATION REQUEST**

**\*\*Important- Please DO NOT use this form if your state is listed on NURSYS, visit [www.nursys.com](http://www.nursys.com). If your state is not on NURSYS find your state's contact information at <https://www.ncsbn.org/515.htm>\*\***

### **PART I: TO BE COMPLETED BY APPLICANT**

***Send to your original and current state(s) of licensure (not Florida). Make Copies as necessary.***

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Name original license was issued under \_\_\_\_\_

License Number \_\_\_\_\_ State of \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Nursing.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

### **PART II: All verifications shall be completed in English and mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:**

- \* Typed on an official state form or letterhead
- \* Include an official Board seal
- \* Signature and title of state Board official

#### **The following information must be included in all verifications:**

- \* Licensee name
- \* License number
- \* State or jurisdiction of licensure
- \* Level of licensure (RN/LPN)
- \* Dates of issuance/expiration
- \* Licensure method (state exam, national exam, endorsement, reciprocity)
- \* Licensure status
- \* Is license in good standing?
- \* Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

**\*Complete verifications must be mailed or sent electronically directly from the official state licensure Board to:**

**Florida Board of Nursing  
4052 Bald Cypress Way  
Bin # C02  
Tallahassee, FL 32399-3252.**

\*If this license has ever been encumbered please forward all orders to the Florida Board of Nursing with this form.