

**TEXAS BOARD OF NURSING**  
 333 Guadalupe - Suite 3-460, Austin, Texas 78701  
 (512) 305-7400 – Web Site: www.bon.texas.gov

**VERIFICATION OF LICENSURE FOR NCLEX-PN EXAMINATION  
 for Graduates outside of the USA and US Territories**

SECTION A: <u>APPLICANT PORTION</u> - To be completed by the applicant and forwarded to the <u>ALL</u> appropriate licensure authorities that the applicants has been licensed as a professional registered nurse or licensed vocational/practical nurse in the applicable country, state, province, and/or territory.		
Name (First, Middle, Last)	All Previous Name(s) used	
Mother's Maiden Name	Date of Birth(month/day/year)	License Number
Name as appears on original license (First, Middle, Last)	Issuance Date of Original Licensure	Name of Country/Province/Territory Issued
Basic Nursing Education Program- Type of Basic Nursing Program <input type="checkbox"/> Vocational/Practical Program <input type="checkbox"/> Other _____		
<b>LICENSING AUTHORITY PORTION:</b> Only to be completed by the licensing authority		

Licensing Agency: The above named individual has applied for Licensure as a licensed vocational nurse in the State of Texas. Please complete the information below in its entirety and return this form to the Board's address listed above

This is to verify \_\_\_\_\_  
First Name                      Middle Name                      Maiden Name                      Last Name

was issued # \_\_\_\_\_ to practice as a (circle one) RN / LVN nurse on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
month                      day                      year

The license expires on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or  issued for life.  
month                      day                      year

**Licensure status:**  Active     Lapsed     Inactive     Encumbered\*  
 \* If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.

**Was the applicant originally licensed in your country?**  YES     NO

If "NO", what country did the applicant originally receive recognition as a nurse? \_\_\_\_\_

Nursing program name: \_\_\_\_\_

Location of program: \_\_\_\_\_  
City                      Country

**Type of Basic Nursing Education Program:**  Vocational/Practical Program     Other \_\_\_\_\_

**Was this program conducted in English?**  YES     NO    **Date of Graduation:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)  
 \*If UNABLE to provide month/day/year of graduation, please attach a letter of explanation.

**Signed** \_\_\_\_\_

(Must bear Official Seal here)

Must be original signature-Stamped signatures not accepted

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

Country/State/Province/Territory \_\_\_\_\_

Contact phone number/email address \_\_\_\_\_

Date Signed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year