

TEXAS BOARD OF NURSING
333 Guadalupe, Ste. 3-460, Austin, Texas 78701

VERIFICATION OF LICENSED VOCATIONAL/PRACTICAL NURSE LICENSURE FORM
(This form is to be sent to those states/territories/countries that DO NOT participate in NURSYS)

I. APPLICANT: To be completed by the applicant and forwarded to the appropriate licensing authority.

Name (Last, First, Middle, Maiden)		Previous Name(s)		
Current Address		City	State	Zip
Date of Birth (mo/day/yr)	Social Security Number	Basic Nursing Education Program -Type of Basic Nursing Program [] VN/PN PROGRAM [] OTHER		
Name as it appeared on original license issued by this state/territory/country/province (Last, First, Middle, Maiden)		City where nursing program was located	State/Province of Nursing Program	Date of Completion
State of Licensure	Issue Date of Licensure	Original License Number		

II. LICENSING BOARD/AGENCY: To be completed by licensing board(s) where you hold LVN/PN licensure and forwarded to the Texas Board of Nursing (ENDORSEMENT)

This is to certify that _____ was issued LVN/PN license number _____ Date Issued _____
(Applicant)

Basis of Licensure: [] Examination* [] Endorsement [] Waiver *If license was issued by Examination answer section III

Current Licensure Status: [] Active [] Inactive [] Lapsed Expiration Date: _____

Has this license ever been encumbered (denied, revoked, suspended, surrendered, restricted, limited, placed on probation)? ** [] YES [] NO

** If yes, please send certified copies of Board actions.

III. NURSING PROGRAM/EXAMINATION INFORMATION

Name of Basic LVN/PN Nursing Education Program Completed						Approved by State/Province/Territory at the time of graduation? [] YES [] NO	
Location (city/state/province/territory/country)				Graduation Date		Type of Basic Nursing Program [] DIP (PN) [] CERT [] ADN (PN) [] Other : _____	
STATE BOARD TEST POOL EXAMINATION FOR LICENSED VOCATIONAL NURSES						NCLEX-LVN®	CNATSE
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	Comprehensive Exam	Comprehensive Exam
Score							
Series/Form#							

Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? ** [] YES [] NO

** If yes, please send certified copies of Board actions.

Licensing Board must affix seal and sign document below

(SEAL)

Signature: _____

Title: _____

State: _____ Date: _____