

Louisiana State Board of Nursing
17373 Perkins Road
Baton Rouge, LA 70810
225-755-7500

BOARD VERIFICATION FOR OUT-OF-STATE EXAMINATION APPLICANT

Applicant: Complete Section I of this form and MAIL TO THE STATE(S) WHERE YOU HAVE TAKEN THE NCLEX-RN FOR LICENSURE. (Please note that Board may require fee for release of information)
Board of Nursing: Complete Section II of this form and return to LSBN, Department of Education/Licensure, address noted above)

SECTION I (To be completed by applicant)

NAME: _____ SS#: _____ DOB: _____

ADDRESS: _____

NAME AND LOCATION OF SCHOOL OF NURSING: _____

DATE OF GRADUATION: _____

SECTION II (To be completed by Board of Nursing)

The above applicant is requesting licensure by examination in the state of Louisiana. Please provide the following information:

1. Is this nursing program approved by your board? Yes _____ No _____

2. Has this person ever filed an application for licensure in your state? Yes _____ No _____
If yes, when? _____

3. Has this person ever written a licensure examination in your state? Yes _____ No _____
If yes, please provide the date(s) the exam was taken. _____

4. Is there any reason why this applicant would not be eligible to write the NCLEX-RN in your state? Yes _____ No _____
If yes, please explain. _____

5. To your knowledge, has the above named individual applied, written, or failed the examination in any state other than yours? Yes _____ No _____
If yes, please list. _____

Comments: _____

Signature and Date

Title

State

(seal)