

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

GRADUATION VERIFICATION FOR OUT-OF-STATE EXAMINATION APPLICANT

OUT OF STATE AFFIDAVIT OF GRADUATION

To be completed by Program Head

Applicant: Submit form to Program Head to complete. Upload completed form into application on Nurse Portal. Mail original to Examination Department at LSBN

_____,
First Middle Maiden/Last Married

Is hereby verified to the Louisiana State Board of Nursing as a candidate from: _____

School of Nursing Location

Has this candidate applied for licensure in any other state or jurisdiction? Yes _____ No _____
If yes, what state or jurisdiction? _____ when _____

Do you know of any fact(s) or reason(s) which would disqualify this candidate? Yes _____ No _____
If yes, please attach an explanation.

Did the student have clinical learning experiences with clients having nursing care needs in all age groups and stages of the health illness continuum as appropriate to the role expectations of the graduate?
Yes _____ No _____

Did the student have classroom and clinical laboratory instruction under the supervision of a faculty member of the nursing program?
Yes _____ No _____

Please provide the name(s) of the accrediting/approval bodies for the program at the time of the candidate's graduation:

Board of Nursing: _____ Regional Accreditation: _____

National Nursing Accreditation: _____

If you use a third party vendor for transcript submission, please provide the name of the authorized service: _____

Please note that LSBN requires official notification on letterhead from the University to be on file at our agency regarding acceptance of your third party vendor transcripts for licensure. If notification has not already provided to LSBN please provide. Letter must contain the contract dates and must be resent when renewed.

Anticipated Date of Completion: _____

(SEAL OF SCHOOL)
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Anticipated Date of Graduation: _____

Type of Degree: _____

Signature of Program Head – School of Nursing

Date