

Louisiana State Board of Nursing
 17373 Perkins Road, Baton Rouge, LA 70810
 Main Tel: (225)755-7500

FORM END – 2: Verification of Nursing License

To Applicant: Go to www.NurSys.com first to see if original licensure state (by examination) and current state of RN license is a participating member for official verification. If one (or both) are not participants with NurSys verification – contact the Board of Nursing for applicable fee to be mailed with this form. Applicant completes/signs top section only.

I am applying for licensure as a **Registered Nurse** in Louisiana by Endorsement, and this Board requires official license verification.

Name: _____
 First Name Middle Name Maiden Name Current/Married Name

I was granted License Number: _____ on (date): _____ by the State of _____

By signing below, I hereby authorize the _____ State Board of Nursing to furnish the Louisiana State Board of Nursing in writing any pertinent information, favorable or otherwise, regarding my licensure in your jurisdiction as requested below.

 Applicant's Signature Social Security Number Date

Instructions to State Board of Nursing:
 Please complete the bottom portion of this form (or attach your BON verification report) for the above Registered Nurse Applicant. Mail the official verification directly to the Louisiana State Board of Nursing, **ATTN: RN Endorsement Dept.** Thank you.

This is to certify that the above nurse is/was issued the following nursing license(s) as indicated below (*fill in and circle*):

Type of License	License Number	Date of Licensure/Registration	Expiration Date	Basis of Licensure	Is Disciplinary Action Pending?	Is License Encumbered or had Past Action?
LPN / LVN				Exam / Endorsement	No / Yes *	No / Yes *
RN				Exam / Endorsement	No / Yes *	No / Yes *

* If yes, attach Board certified copy of any/all related documents to this verification.

S.B.T.P.E. Test Results if Licensed by Exam: (or NCLEX Exam result when score value was issued, instead of 'Pass/Fail')

Series # _____ Medical Nursing Psychiatric Nursing Obstetric Nursing Surgical Nursing Nursing of Children **OR** NCLEX Exam Score

Score for each area: _____

Number of times applicant wrote examination: _____ Dates Taken: _____; _____; _____;

If applicant did not write either the SBTPE or NCLEX exam, but qualified for initial license by other exam method, please indicate 'Other' above and provide the information regarding name of test taken, test plan, and score on reverse side or attach to this form.

Canadian Nurse Graduates (*only*): C.N.A.T.S. Exam Score: _____; Exam taken in English? Yes - or No -

Name of Nursing Program/School completed: _____

School Location (city/state): _____ Year of Graduation: _____

Was this school accredited by this Board at the time of the candidate's graduation / licensure? Yes - or No -

Board Seal Here

 Signature Date