

STATE OF \_\_\_\_\_  
PARISH/COUNTY OF \_\_\_\_\_

**AFFIDAVIT OF VERIFICATION**

BEFORE ME, the undersigned Notary, \_\_\_\_\_ [name of Notary whom Affidavit is sworn], on this \_\_\_\_ day of \_\_\_\_\_ [month], 20\_\_\_\_, personally appeared \_\_\_\_\_ [name of affiant], being duly sworn, acknowledged by me to be of lawful age, who being by me first dully sworn, on \_\_\_\_ [his or her oath], deposes and says:

I am the person referred to in this application for licensure as an Advanced Practice Registered Nurse (APRN) with the Louisiana State Board of Nursing; that the statements, documentation and information submitted via the online application through an Internet interface are true, correct and complete in every respect; that I have not used a false or fictitious name in said application; that I have not knowingly made a false statement or knowingly concealed material facts and/or committed any fraud in completing this application for a license, permit or prescriptive authority; and that I have read and understand the questions and statements in the application and this affidavit of verification and will abide by all current state and federal laws and regulations affecting APRN and prescribing practice including, but not limited to, LAC Title 46, Part XLVII, Subpart 2, Chapter 45 (LSBN Rules); LAC 46:LIII.2511 (LA Board of Pharmacy Rules), and DEA regulations.

I understand that falsification of any information accompanying or contained on this application may result in denial of licensure. I hereby authorize the Louisiana State Board of Nursing to conduct a criminal records check and hereby authorize the Louisiana State Police and the Federal Bureau of Investigations to release all criminal record information maintained in their files, which may confirm or deny my eligibility for licensure.

\_\_\_\_\_  
SIGNATURE OF APRN APPLICANT

SUBSCRIBED AND SWORN to me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
SIGNATURE OF NOTARY

*NOTARY SEAL*

\_\_\_\_\_  
PRINTED NAME OF NOTARY

NOTARY PUBLIC  
MY COMMISION EXPIRES: \_\_\_\_\_, 20\_\_\_\_