

Louisiana State Board of Nursing

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www.lsbns.state.la.us

GRADUATION VERIFICATION FOR OUT-OF-STATE EXAMINATION APPLICANT

OUT OF STATE AFFIDAVIT OF GRADUATION

This form is to be **completed by the nursing education program head** of nursing programs in jurisdictions other than Louisiana in order to confirm and attest that a student has completed the educational program. **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: _____

Date of Program Completion: _____

(SEAL OF SCHOOL)

Date of Graduation: _____

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Type of Degree: _____

I attest that I have reviewed and approve the Affidavit of Graduation for the aforementioned student(s) and that the information provided is true and correct in every respect. In accordance with LAC Title 46, Part XLVII, Chapter 33, Section 3325, review and **approval of this affidavit indicates that the student has successfully completed the nursing education program and has been conferred the degree** and is hereby recommended by the director of the school of nursing to take the NCLEX-RN in Louisiana. By completing and submitting this affidavit, I have confirmed, provided revisions as necessary and verified the accuracy of the graduation date within the affidavit. I further attest to and acknowledge that I am responsible for immediately notifying the Louisiana State Board of Nursing staff in writing, including the Director of Education/Licensure (Examination), if there is a change in the approval of the student and subsequent rejection or invalidation of this affidavit.

Signature of Program Head – School of Nursing

Date