



**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions - Board of Nursing**  
**Perimeter Center**  
**9960 Mayland Drive, Suite 300**  
**Henrico, VA 23233-1463**

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web: [www.dhp.virginia.gov/nursing](http://www.dhp.virginia.gov/nursing)

email: [appsupportdocs@dhp.virginia.gov](mailto:appsupportdocs@dhp.virginia.gov)

**LICENSE VERIFICATION FORM – NON-NURSYS PARTICIPATING STATES**

**APPLICANT:** Complete the top portion only and send to the Board of Nursing in the state where you were *originally* licensed by exam. **If your state participates in the Nursys License Verification System** go to <https://www.nursys.com/NLV/NLVTerms.aspx> to request your verification.

Name:	Last	First	Middle	Social Security Number:
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Address \_\_\_\_\_

RN License No.:	LPN License No:	Year Issued:
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Name on Original License: \_\_\_\_\_

**TO THE BOARD OF NURSING:** Please provide the information requested and return the form to the **Virginia Board of Nursing**  
**APPLICANT'S FULL NAME:**

Last:	First :	Middle:	Maiden:
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Was school approved at time applicant graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Graduation date/year: _____
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**REGISTERED NURSE (RN)**

School: _____ Location: _____ Type of Program: AD <input type="checkbox"/> BS <input type="checkbox"/> DIP <input type="checkbox"/> MSN <input type="checkbox"/> Program in English: Yes <input type="checkbox"/> No <input type="checkbox"/> NCLEX #: _____ NCLEX Score: _____ CRNE: _____ OTHER: _____	SBTP Series #: _____ <u>Scores:</u> Medical Nursing: _____ Surgical Nursing: _____ Obstetric Nursing: _____ Psychiatric Nursing: _____ Pediatric Nursing: _____
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**LICENSED PRACTICAL NURSE (LPN)**

School: _____ Location: _____ <u>Licensed on basis of:</u> Graduation from school of practical nursing: <input type="checkbox"/> Equivalence provision of law: <input type="checkbox"/> Waiver provision of law: <input type="checkbox"/>	SBTP Series #: _____ NCLEX #: _____ OTHER: _____ SCORE: _____
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**LICENSE NUMBER** \_\_\_\_\_ was granted on \_\_\_\_\_ by: Examination  Endorsement  Waiver   
 Status of license: Current  Lapsed  Inactive   
 Has license ever been suspended, revoked or otherwise disciplined? Yes  No . If yes, please attach certified copy of any order issued by the Board.

I *certify* the above information to be true in every respect, according to the record on file with the \_\_\_\_\_ State Board of Nursing.



\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director