

Vermont Board of Nursing  
Verification of Nursing Licensure Form

Licensee: Please complete Section A of this form. Then send this form to the address listed below with a \$20.00 fee made payable to the Office of the Secretary of State. This fee is non-refundable. Please print clearly.

**Payment must be in US funds from a bank with a United States affiliate. It can be sent in the form of check, money order, demand draft or travelers check.**

**Section A:**

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street/P.O. Box Apartment/Floor #

\_\_\_\_\_  
Town/City State Zip Code Country

Social Security Number: \_\_\_\_\_ Passport Number (if no SSN): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**I hereby authorize the Vermont Board of Nursing to furnish to the \_\_\_\_\_  
Licensing Authority the information requested below.**

Address of Licensing Authority: \_\_\_\_\_  
Name of Licensing Authority

\_\_\_\_\_  
Street/PO Box City/Town

\_\_\_\_\_  
State Zip Code Country

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B:**

To be completed by the Vermont Board of Nursing:

Name of Nursing Education Program Completed \_\_\_\_\_

Location (City, State and Country) \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

The above named individual was issued a license as a:

\_\_\_\_ LNA \_\_\_\_ LPN \_\_\_\_ RN \_\_\_\_ RN with APRN Endorsement

Vermont License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Licensed by: \_\_\_\_ Exam \_\_\_\_ Endorsement Endorsed From: \_\_\_\_\_

License Status: \_\_\_\_ Active \_\_\_\_ Inactive \_\_\_\_ Conditioned \_\_\_\_ Suspended \_\_\_\_ Revoked

(continue to next page)

Has this license ever been disciplined in any way? \_\_\_\_\_ No \_\_\_\_\_ Yes  
 See VT Board of Nursing Website: [www.vtprofessionals.org/opr1/nurses](http://www.vtprofessionals.org/opr1/nurses)

NSBTPE Results	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	NCLEX	Other
Standard Scores							
Series/Form Number							

Date licensee passed examination: \_\_\_/\_\_\_/\_\_\_\_\_

(Official Seal)

\_\_\_\_\_  
 Signature of Person Completing Form

\_\_\_\_\_  
 Printed Name of Person Completing Form

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**Vermont Board of Nursing  
 Office of Professional Regulation  
 National Life Building, North, Floor 2  
 Montpelier, VT 05620-3402  
[www.vtprofessionals.org/opr1/nurses](http://www.vtprofessionals.org/opr1/nurses)**