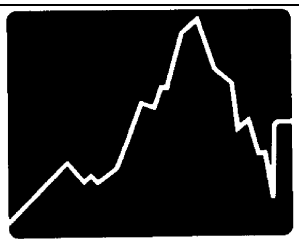

COMMONWEALTH OF VIRGINIA

Department of Health Professions - Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
(804)367-4515 – PHONE (804) 527-4455 – FAX
web: **www.dhp.virginia.gov/nursing** email: appsupportdocs@dhp.virginia.gov

NURSE PRACTITIONER LICENSE VERIFICATION FORM

TO THE APPLICANT – Complete the top portion only and send to the Board of Nursing in the state where you were *originally* licensed as a nurse practitioner (fee may be required).

Name: Last First Middle	Social Security Number/Virginia DMV Number:
Address	
Nurse Practitioner License No.:	
Name on Original License:	Year Issued:

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:
Name of Master's/Graduate Degree Program:	City, State or Province:	Type of Program: ☐ MSN ☐ Post Master's ☐ Other:_____	
Program Completion Date:		Length of Program:	
Master's/Graduate Degree Program Accredited/Approved By: *(Accrediting Authority):*			

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**

SEAL