2829 University Avenue SE #200
Minneapolis, MN 55414-3252
(612) 617-2270 – Voice (612) 617-2190 – Fax
Toll Free (888) 234-2690 (MN, IA, ND, SD, WI)
(800) 627-3529 – TTY
Email: nursing.board@state.mn.us
Website: www.nursingboard.state.mn.us

VERIFICATION OF LICENSURE

The information and evidence you are asked to provide is authorized by Minnesota Statutes and will be used to determine your qualifications for licensure. The data you supply become part of your permanent file. Until licensure is granted all application data, except name and designated address, are private data and will not be released to anyone other than the Board of Nursing staff and it agents. In the event of any legal proceedings between you and the Board, the information may be disclosed to appropriate judicial authorities or others in accordance with statutes, rules and professional standards. All data, except social security number, becomes public record when licensure is granted. Social security number and Minnesota business identification number will be used by the Minnesota Department of Revenue for tax clearance purposes and by the Board of Nursing as identifiers.

You are legally required to submit true and complete information. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

INSTRUCTIONS FOR VERIFICATION OF LICENSURE

- Complete **APPLICANT INFORMATION**.
- Contact the licensing authority in the state/province in which you were licensed to determine if there is a fee for verification of licensure.
- Send this form and fee to the state in which you were licensed by examination. In addition, if you were first licensed in Canada by examination, send this form to the Canadian province in which you were licensed.
- Send this form to the state/province that issued the license you are currently using to practice nursing. If this is the same state in which you were licensed by examination, send only one form to the state.

•Type or print clearly •Use black ink •Provide all information •Incomplete applications are returned •Do not use initials or abbreviations

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME ☐ No middle name

MAIDEN NAME	OTHER LAST NAME(S)

CURRENT ADDRESS	CITY, STATE/PROVINCE, ZIP/POSTAL CODE

ORIGINAL LICENSE NUMBER	ISSUE DATE (Month/Day/Year)	SOCIAL SECURITY NUMBER [Required by Minn. Stat. 270C.72 (2005)]	BIRTH DATE (Month/Day/Year)

NAME OF NURSING SCHOOL (No initials)	CITY/STATE/PROVINCE OF NURSING SCHOOL

I hereby authorize the ______________________________ licensing authority to furnish the Minnesota
State/Province
Board of Nursing the information requested on the reverse side of this form.

LEGAL SIGNATURE OF APPLICANT	DATE (Month/Day/Year)

Reverse side must be completed by Licensing Agency.

THIS SECTION IS FOR LICENSING AGENCY USE ONLY

LICENSURE INFORMATION

LICENSE NUMBER OF NURSE REQUESTING VERIFICATION ☐ RN ☐ LPN	DATE ISSUED (Month/Day/Year)

CURRENT LICENSURE STATUS ☐ ACTIVE ☐ LAPSED ☐ INACTIVE	EXPIRATION DATE (Month/Day/Year)	LICENSED BY ☐ EXAMINATION ☐ ENDORSEMENT

Has this license ever been encumbered in any way? (Revoked, suspended, surrendered, restricted, limited, placed on probation, etc.)

☐ Yes ☐ No If yes, attach explanation and copy of the public documents.

NAME OF NURSING EDUCATION PROGRAM COMPLETED	APPROVED ☐ YES ☐ NO
CITY/ STATE/PROVINCE OF NURSING PROGRAM	GRADUATION DATE (Month/Day/Year)

	STATE BOARD TEST POOL EXAMINATION						NCLEX®	
	Registered Nurse					LPN	RN	LPN
	Medical Nursing	Psychiatric Nursing	Obstetrical Nursing	Surgical Nursing	Nursing of Children			
Examination Results								
Series/Form Number								
Examination Date								

I certify that the above information accurately represents the information on file with the Board for the above named nurse.

Signature

OFFICIAL SEAL

Title

State/Province

Date

Return the completed form to Minnesota Board of Nursing