

NURSING EDUCATION VERIFICATION FORM

This form is to be completed in its entirety by the Nurse Administrator of the Nursing Education program AFTER ALL PROGRAM REQUIREMENTS HAVE BEEN MET.

Note: If Graduate is applying for both Graduate TPP and Exam, only one (1) Nursing Education Verification Form is required.

TO BE COMPLETED BY THE NURSING EDUCATION PROGRAM ONLY

Name of Student: _____ Date of Birth : ____ - ____ - ____

Provide the last 4 numbers of the student's Social Security # XXX-XX-_____

Name of the Nursing Education Program: _____

Location of Program: City _____ State: _____

Program Code: _____ Type of Program: _____
(RN/PN)

Date student completed the nursing education program: ____ - ____ - ____ Awarded: _____
(MM/DD/YY) RN - BSN, ADN, Diploma, Other-indicate
PN - Certificate, Diploma, Other-indicate

For Out-of-State Practical Nursing Education Programs Only:

If the program is **NOT** a Pennsylvania Nursing Education program, list the number of theory hours _____,
clinical hours _____ and total hours _____ in the entire program. Length of program: _____.
(Months)

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

X _____
Original Signature of Nurse Administrator
(Name stamp is not acceptable.)

[Seal of Program or Hospital]

Print or type the name of Nurse Administrator: _____

If there is no seal for the school, attach affidavit.

Nurse Administrator's Contact Phone Number: (_____) _____

Date: _____
(Valid for one (1) year)

DO NOT RETURN THIS FORM TO APPLICANT

MAIL DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF NURSING IN AN OFFICIAL SCHOOL ENVELOPE.

Mail Form To:
PA State Board of Nursing
P.O. Box 8411
Harrisburg, PA 17105-8411

Physical Address:
PA State Board of Nursing
2601 North Third Street
Harrisburg, PA 17110
(717) 783-7142