

Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700
FAX 501.686.2714
www.arsbn.org

VERIFICATION FORM

SEND THIS FORM TO THE BOARD OF NURSING IN THE STATE OR JURISDICTION WHERE YOU WERE ORIGINALLY LICENSED. SOME STATES OR JURISDICTIONS MAY CHARGE A FEE FOR THIS SERVICE.

TYPE OF NURSE (check one)
<input type="checkbox"/> RN
<input type="checkbox"/> LPN
<input type="checkbox"/> LPTN

Name _____ Original License Number _____

Address _____
CITY STATE ZIP

THE ABOVE NAMED PERSON HAS APPLIED FOR LICENSURE AS A NURSE BY ENDORSEMENT. PLEASE COMPLETE AND RETURN TO:

ARKANSAS STATE BOARD OF NURSING
UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY AVE., SUITE 800
LITTLE ROCK, AR 72204-1619

I hereby verify that _____ is a graduate of
_____ school of nursing, which was a state approved
school at the time of his/her graduation.

Licensed in _____ by examination. Date of original licensure _____

Has license ever been encumbered? YES NO (If yes, state circumstances.)

Is applicant currently under investigation? YES NO

SEAL

Executive Director

State of _____

Dated at _____ this _____ day of _____, 20_____

7.09 lw

01-0014