

Nurse Practitioner Form 3

Verification of National Nurse Practitioner Examination

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Use this form **ONLY** if you are seeking a New York certificate through a national certifying organization.

Applicant Instructions

1. Complete Section I. In item 4, enter your name exactly as it appears on your Application for Certificate (Form 1). Be sure to sign and date item 9.
2. Send the entire form to the national certifying organization. Ask them to complete Section II and forward **both pages** of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required. **This form will not be accepted if submitted by the applicant or any party other than the school official.**

Section I - Applicant Information

1. Social Security Number _____ 2. Birth Date Month Day Year
(Leave this blank if you do not have a U.S. Social Security Number)

3. New York State Registered Professional Nurse License Number _____

4. Print Your Name Exactly As It Appears On Your Application for a Certificate (Form 1)

Last

First

Middle

5. Mailing Address (You must notify the Department promptly of any address or name changes)

Line 1

Line 2

Line 3

City

State

ZIP Code

Country/
Province

6. National certifying organization _____

Certification examination passed: Title _____ Date mo. day yr.

7. Are you currently certified? Yes No

If yes, certification number _____ Expiration Date mo. day yr.

8. Print name under which certificate was awarded (if different from above)

9. I request and give my permission to the national certifying organization listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for a certificate.

Applicant's Signature

Date

Section II - Verification of National Nurse Practitioner Examination

Instructions to National Certifying Organization: Please complete Section II and return both pages of this form directly to the New York State Education Department at the address at the end of the form. **This form will not be accepted if returned by the applicant or any other party.**

1. It is hereby verified that _____
(see Section I, item 8)
has passed the nurse practitioner certification examination listed below.

2. Certification examination title _____
Certificate awarded (Title) _____
Certificate number _____ Date initial certificate awarded _____
mo. day yr.
Is this nurse currently certified? Yes No Expiration Date _____
mo. day yr.

3. Education program that was basis for admission to the examination
Program _____
Entrance date _____ Completion date _____
mo. day yr. mo. day yr.
Degree/Diploma awarded _____ Date _____
mo. day yr.
Institution _____
Address _____

Certification

I hereby certify that to the best of my knowledge and belief the information in Section II is an accurate record of the examination results of the individual named on this form.

Signature _____ Date _____
Print Name _____
Title _____
Agency _____
Address _____ Seal
Telephone _____ Fax _____
Email _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Practitioner Unit, 89 Washington Avenue, Albany, NY 12234-1000.