

# 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 <i>(Leave this blank if you do not have a U.S. Social Security Number)</i>	2. Birth Date	Month	Day	Year
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.