



**Section II: Verification of Licensure/Certification: (Please print or type)**

**INSTRUCTIONS TO THE LICENSING/CERTIFYING AUTHORITY:** Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope directly to the Office of the Professions at the address below. This form will not be accepted if returned by the applicant. Attach additional sheets if necessary.

**1** Name of applicant: \_\_\_\_\_  
(see Section I, item 6)

**2** Professional title on license/certificate: \_\_\_\_\_  
License/certificate number: \_\_\_\_\_ Date of licensure/certification: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

**3** Verification of licensure/certification – Complete if applicant was licensed/certified as a nurse or was approved to take the State Board Test Pool (SBTP) or the National Council Licensing Examination (NCLEX) in your jurisdiction.

A. The nursing program indicated in item 8 on page 1 was:

1. approved by this licensing authority at the time of the applicant's attendance.  Yes  No
2. approved by this licensing authority at the time of the applicant's graduation.  Yes  No
3. either a practical nursing program of at least nine months in length; or was a professional registered nursing program of at least two year duration.  Yes  No

B. Basis of licensure (check one):  Examination  Waiver of Examination  Endorsement  Waiver of Education Requirement

C. Did issuing this license involve any special conditions?  Yes  No

D. Certification of Examination Results (attach additional sheets if necessary)

Exam Date	Series Number	NCLEX Exam	OR	STATE BOARD TEST POOL EXAM SCORES				
		NCLEX Exam Score		Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Pediatric Nursing

LICENSED PRACTICAL NURSING - Examination scores and dates				
Exam Date	Series Number	Exam		Exam Score
		NCLEX (check box)	Other Series (specify)	

**4** Complete if applicant was issued a license/certificate by your jurisdiction.

A. Has disciplinary action been taken against this license?  Yes  No

B. Are disciplinary charges pending against this license?  Yes  No

If the answer to either of these questions is "yes", please attach a complete explanation with any supporting documentation.

**Certification**

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted in item 4 above or in any attachments, this licensing/certifying authority has never taken any disciplinary action against this person and that in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Licensing/certifying authority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**(SEAL)**

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