



**VERIFICATION OF LICENSURE OF MOST RECENT NURSING EMPLOYMENT**

Complete the applicant section of this form. Have the state of your most recent employment complete this page.  
Please Print. **Most Boards of Nursing charge a fee to complete this form.**

**Applicant:**

Licensed as:		Date of Birth:
License #:		

First Name	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Former/Maiden
Mailing Address:	P.O. Box		
	Street/Apt #		
	City/State/Zip		
	Country		

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Information Below To Be Completed by the Licensing Agency:**

License #		Date Issued:		Date Expired:	
Licensed By:		Examination/Education	License Status		Active
		Endorsement/Reciprocity			Inactive/Lapsed
If licensed/certified by endorsement please indicate state or country endorsed from:					

Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? <i>If yes, attach a copy of the decision</i>	YES	NO
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Signature of person completing form:	Date:

State Completing this form:	City/State:	Telephone:

<p><b>STATE LICENSING AUTHORITY: Mail to</b></p> <p>Vermont Secretary of State Board of Nursing Office of Professional Regulation 89 Main Street, 3<sup>rd</sup> Floor Montpelier, VT 05620-3402</p>	<p><b>(OFFICIAL SEAL)</b></p>
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