

Office of Professional Regulation
Vermont Board of Nursing

Licensed Practical Nurse Verification of Education Form

Directions: This verification of education form must be completed and placed in a sealed envelope by the school. The school can either:

- A. Send the completed verification form, signed, dated, and affixed with the school stamp/seal along with a copy of official transcripts directly to the Vermont Board of Nursing **OR**
- B. Give the completed verification form, signed, dated, and affixed with the school stamp/seal along with a copy of official transcripts to you so you may attach it unopened to your application.

NOTE: Official transcripts are **NOT** required if the nursing program was completed in the State of Vermont.

If you have questions about completing this form, please call the Board office at 802-828-2396.

Information Below To Be Completed by the Applicant

Last Name	First Name	MI	Former/Maiden Name <i>(As on School Documents)</i>		
Mailing Address – Street		City	State	Zip	Date of Birth
I hereby authorize the School of Nursing to furnish to the Vermont Board of Nursing the information requested below.					
Signature				Date	

Information Below To Be Completed by the School of Nursing

Name of Nursing School					
Mailing Address					
Program Commenced (mm/dd/yyyy)			Date of Program Completion(mm/dd/yyyy)		
Date of Graduation (mm/dd/yyyy)			Degree/Certificate Earned		

Is your Nursing Program approved or accredited?	YES	NO
Provide the name (s) of the governing body or agency below:		
Name		

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Last Name _____ First Name _____ MI _____

Summary of Theoretical Education and Clinical Practice Hours

- This information **must** be listed in hours **NOT** credits.
- If it was an integrated nursing program you must break out the hours for each course listed below.

Clinical Area of Practice	Theory Hours	Course/Subject Title/Number (REQUIRED)	Clinical Hours	Course/Subject Title/Number (REQUIRED)
Adult Nursing				
Maternal/Infant Nursing				
Psychiatric/Mental Health Nursing				
Pediatric Nursing				

- The following courses **can not** be combined through integrated coursework.

Support Courses:	Theory Hours	Course/Subject Title/Number (REQUIRED)
Anatomy and Physiology		
Social/Behavioral Science		

Was the language of instruction and textbooks for the nursing program taught in English?	YES	NO
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Print Name		Date		Official School Seal/Stamp
Position/Title		Telephone		
		Email		
Signature of Dean/Director				

Return to: Vermont Board of Nursing, 89 Main St – 3rd Floor, VT 05620-3402