

Vermont Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-3402



Board of Nursing
(802) 828-2396
www.vtprofessionals.org

VERIFICATION OF INITIAL LICENSURE

Complete the applicant section of this form and forward it to the Board of Nursing in which you obtained your initial license.
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:					

Name of Exam taken:		Degree Awarded:		Graduation Date:	
Education	Name of Nursing Education program completed:				
	City, State				
	Country				
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

Signature of person completing form: _____ Date: _____

State Completing this form: _____ City/State: _____ Telephone: _____

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