

Vermont Board of Nursing
Verification of Nursing Licensure Form

Licensee: Please complete this form. Then send this form to the address listed below with a \$20.00 fee made payable to the Office of the Secretary of State. This fee is non-refundable. Please print clearly.

Payment must be in US funds from a bank with a United States affiliate. It can be sent in the form of check, money order, demand draft or travelers check. We do not accept Canada Post money orders.

Name: _____
Last First Middle Maiden

Address: _____
Street/P.O. Box Apartment/Floor #

Town/City State Zip Code Country

Social Security Number: _____ Passport Number (if no SSN): _____

Date of Birth: _____ License #: _____ Date Issued: _____

**I hereby authorize the Vermont Board of Nursing to furnish to the _____
Licensing Authority the information requested below.**

Address of Licensing Authority: _____
Name of Licensing Authority

Street/PO Box City/Town

State Zip Code Country

Applicant Signature: _____ Date: _____

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(Official Seal)

Signature of Person Completing Form

Printed Name of Person Completing Form

Title Date

**Vermont Board of Nursing
Office of Professional Regulation
89 Main St - 3rd Floor
Montpelier, VT 05620-3402
www.vtprofessionals.org/opr1/nurses**