



Arkansas Department of Health

Arkansas State Board of Nursing
1123 S. University Ave. #800 • Little Rock, Arkansas 72204 • (501) 686-2700 • Fax: (501) 686-2714
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health
Sue A. Tedford, MNSc, APRN, Director

VERIFICATION FORM

SEND THIS FORM TO THE BOARD OF NURSING IN THE STATE OR JURISDICTION WHERE YOU WERE ORIGINALLY LICENSED. SOME STATES OR JURISDICTIONS MAY CHARGE A FEE FOR THIS SERVICE.

<p>TYPE OF NURSE <i>(check one)</i></p> <p><input type="checkbox"/> RN</p> <p><input type="checkbox"/> LPN</p> <p><input type="checkbox"/> LPTN</p>

Name _____

Address _____

_____ CITY STATE ZIP

The above named person has applied for licensure as a nurse by endorsement. Please complete and return to:
Arkansas State Board of Nursing
1123 S. University Ave., #800
Little Rock, AR 72204

I hereby verify that _____ is a graduate of _____ School of Nursing, which was a state approved school at the time of his/her graduation.

Licensed in _____ by examination. Date of original licensure _____

Has license ever been encumbered? YES NO (If yes, state circumstances)

Is applicant currently under investigation? YES NO

SEAL

Executive Director

State of _____

Dated at _____ this _____ day of _____, 20_____