

REQUIRED OF ALL APPLICANTS FOR LICENSURE BY ENDORSEMENT



**NURSING ENDORSEMENT
VERIFICATION FORM**

This form is required of all candidates for licensure by endorsement. If you are applying for examination, you need not complete this form

INSTRUCTIONS

1. Applicant complete top part of this form.
2. Send this form to your state of original licensure (include whatever processing fee that state may require).
3. Your state of original licensure will return this form directly to the West Virginia Board for Registered Professional Nurses.

TO BE COMPLETED BY APPLICANT

State of Original Licensure	Check Appropriate Box(es) <input type="checkbox"/> R.N. <input type="checkbox"/> LPN
License Number:	Date Issued:

APPLICANT NAME: Last _____ First _____ Middle _____ Maiden _____

APPLICANTS Current Address: Street _____ City _____ State _____ Zip _____

I hereby authorize the licensing authority of the above-name state of _____ to furnish to the West Virginia Board of Examiners for Registered Professional Nurses the information requested below. Sec. Sec. I _____ Applicant Sign Here _____

TO BE COMPLETED BY THE LICENSING AUTHORITY OF THE STATE OF ORIGINAL LICENSURE

This is to certify that the above named was issued license number _____ to practice Registered Nursing on (date of issuance): _____

Licensed By: Examination Endorsement CI Waiver

Current Licensure status: Active Inactive Lapsed

Date License Expires: _____

Please return directly to #

**WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES
101 DEE DRIVE
CHARLESTON, WV 25311-1620**

Has this license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation, or otherwise disciplined) YES NO

If Yes, please attach an explanation

S.B.T.P.E. or Results	Registered Nurse						N.C.L.E.X.	Other
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children			
NCLEX								
Standard Scores								
Score/Fail #								

(if state-constructed, please show results on an attached sheet)

Nursing Education Program Completed: Name _____ Location _____ City _____ State _____ Year of Graduation _____

Was the School of Nursing program approved at the time of applicants graduation? YES NO Did the applicant present evidence of high school graduation or its equivalent? YES NO

Applicant's Social Security Number (if available) _____ Applicant's Date of Birth: _____

SEAL

I hereby certify that the above information represents accurately the information on file with this agency, for the above-named individual.

SIGNED: _____ DATE: _____