Complete verifications must be mailed, or sent electronically, directly from the verifying agency to:

Florida Board of Nursing
4052 Bald Cypress Way
Bin # C02
Tallahassee, FL 32399-3252

Florida Board of Nursing
License Verification Request

Who needs to use this form?

- Applicants whose state(s) do not participate in the Nursys system should use this form.
- All applicants are required to provide verification of their initial license and an active license.
- A large number of states verify licensure using the Nursys system. Applicants should check and see if their state participates in the Nursys system by logging on to www.nursys.com.
- Verification must be sent directly to our office by the verifying agency. Copies of licenses and website screen shots do not meet the requirement for verification of licensure.
- You are responsible for fees incurred for verification of your licensure.

PART I: TO BE COMPLETED BY APPLICANT (Send to your original and current state(s) of licensure. No verification is required for previous Florida licenses. Make copies as necessary.)

Applicant Name: ____________________________________________  SSN:____________________

Address: ________________________________________________________________________________

Name original license was issued under: ________________________________________________________________________________________________

License Number: __________________________________________ State of: ______________________

I hereby authorize release of any information regarding my licensure status to the Florida Board of Nursing.

Applicant Signature: __________________________________________ Date: _____________________

PART II: TO BE COMPLETED BY YOUR STATE BOARD OF NURSING

All verifications must be in English and include the following criteria:

- Typed on an official state form or letterhead
- Include an official Board seal
- Signature and title of state Board official

The following information must be included in all verifications:

- Licensee name
- License number
- State or jurisdiction of licensure
- Licensure status
- Is license in good standing?
- Level of licensure (RN/LPN)
- Dates of issuance/expiration
- Licensure method (state exam, national exam, endorsement, reciprocity)

- Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?
- If this license has ever been encumbered please forward all orders to the Florida Board of Nursing with this form.