

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.