

Complete verifications must be mailed 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

- \* 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 any fees incurred for verification of your licensure.

**PART I: TO BE COMPLETED BY APPLICANT (Send to your current state(s) of licensure. Make copies if 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: \_\_\_\_\_

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**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 (CNA)
- \* 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.