

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 Employment Verification Request

### Who needs to use this form?

- Applicants who have not taken the NCLEX, but have practiced in a U.S. State or Territory must show proof of work in a U.S. State or Territory for two (2) of the last three (3) years at the level (Licensed Practical Nurse/Registered Nurse) of licensure as it relates to your application type.
- Applicants who have taken the SBTPE or NCLEX but do not have an ACTIVE license, and who have worked in the previous 5 years, must complete this form.
- Applicants who have taken the SBTPE or NCLEX and have an ACTIVE license DO NOT need to complete this form.

**PART I: To be completed by applicant-** Complete this part and submit a copy to each place you were employed during the last three years.

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Name of hospital or agency: \_\_\_\_\_

I hereby authorize release of any information regarding my employment status with your facility to the Florida Board of Nursing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: To be completed by employer-** All verifications must be in English and mailed directly from the personnel office or agency/employer and must include the following criteria:

- \* **Typed on official agency letterhead with an original signature**
- \* Applicant Name
- \* Applicants Social Security number
- \* Indicate level of licensure while employed (Registered Nurse/Licensed Practical Nurse)
- \* Position title while employed
- \* Place of employment
- \* Address of employer to include: mailing address, city, state and zip code
- \* Employer's telephone number to include: area code and number
- \* Start and End dates of employment (month and year)
- \* Eligible for rehire? (Yes/No) If not eligible for rehire, please provide written details.
- \* Printed name of verifying agent
- \* Signature of verifying agent and date completed