

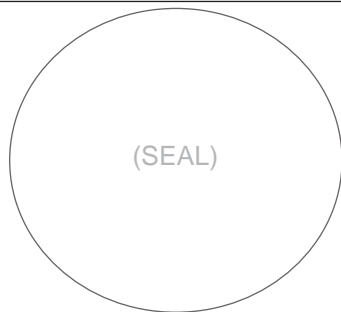


Non-NURSYS® License

Verification of Original Licensure by Examination

Please complete the top portion of this form and forward to your licensing authority (board) if it does not participate with NURSYS®. (Please contact that board for fee and processing time.)

Select a License: <input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Licensed Practical Nurse (LPN)		
Social Security Number:	Previous last name used:	
Name (First, Middle, Last):		
Address:		
City:	State:	ZIP Code:
Original State Licensed:	License Number:	
Name as it appears on original license:		
I hereby authorize the release of my license data to the Washington State Nursing Commission.		
Signature _____ Date _____		
This portion to be completed by original licensing authority (Board) and mailed to Washington.		
This is to certify _____ was issued license number _____ by examination on _____ to practice as <input type="checkbox"/> RN <input type="checkbox"/> LPN/VN		
Examination: <input type="checkbox"/> NCLEX <input type="checkbox"/> State Board Test Pool Exam	Date Passed _____ <input type="checkbox"/> RN <input type="checkbox"/> LPN	
Current License Status: <input type="checkbox"/> Active <input type="checkbox"/> Not active	Expiration Date:	
Has this license ever had disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach explanation)		
Disciplinary action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach explanation)		
Currently under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach explanation)		
Name of Nursing School Completed:		
State/Province of School:	Graduation date:	
Type of Nursing Program: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> ADN/ASN <input type="checkbox"/> BSN <input type="checkbox"/> MSN		



Return to:

Nursing Commission
P.O. Box 47864
Olympia, WA 98504-7864

Signature	State	Date
-----------	-------	------