FOR OFFICE USE ONLY
ENDO ☐ REINST ☐ EXAM ☐

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PRACTICAL NURSE LICENSE VERIFICATION

TO BE COMPLETED BY APPLICANT

Applicant- Complete the top portion of this form and forward it to each state where you have been licensed as a practical nurse (make copies as necessary).

Name: ____
Last **First** **Middle** **Maiden**

Address: ____
No. & Street **City** **State** **Zip Code**

Original License number: ____________________ Date Issued____________________
(in the state to which the form is being forwarded)

Date of Birth: ______ / ______ / ______ US Social Security No.: ________-________-________

I hereby authorize the state of ________________________________ to furnish the Connecticut Department of Public Health the information requested below.

Signature ______________________ **Date**______________________

TO BE COMPLETED BY LICENSING AGENCY ONLY

This is to certify that the above named individual was issued license number ____________________ to practice as a practical nurse effective ______________________.

What examination did this applicant complete for purposes of licensure? ☐ NCLEX ☐ SBTPE. ☐ CPNRE ☐ CNATS. If CPNRE or CNATS, please indicate score ____________.

Basis for licensure in your state: Endorsement ☐ Examination ☐

Current Status: Active ☐ Inactive ☐ Lapsed ☐

Date license expires: ______________________________

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? **YES** ☐ **NO** ☐**.** If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

SEAL

Signed: ______________________ Title: ______________________

State: ______________________ Date: ______________________

Daytime telephone number: ______________________________

PLEASE COMPLETE AND RETURN DIRECTLY TO:
DEPARTMENT OF PUBLIC HEALTH
LPN LICENSURE
410 CAPITOL AVE., MS# **12APP**
P.O. BOX 340308
HARTFORD, CT 06134-0308
(860) 509-7603
www.dph.state.ct.us