STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF NURSE LICENSURE

FOR OFFICE USE ONLY
RN ENDO ☐
RN EXAM ☐
REINST ☐

TO BE COMPLETED BY APPLICANT ONLY

Applicant- Complete the top portion of this form and forward it to each state, territory or province in Canada where you have been licensed as a registered or practical nurse (make copies as necessary). Be sure to include any fee required.

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**)

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

Signature of Applicant**:** _____ 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 registered nurse ☐ or practical nurse ☐ (please check one) effective: _____.

What examination did this applicant complete for purposes of licensure? ☐ NCLEX ☐ SBTPE. If SBTPE, 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: _____

Telephone Number: _____

Please return to:

Department of Public Health
Registered Nurse Licensure
410 Capitol Avenue MS# **12APP**
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7603