



NURSING ENDORSEMENT VERIFICATION FORM

Use only for states that do not participate in NURSYS
Check for participation in NURSYS at <https://www.nursys.com/>

Verification is required of all candidates for licensure by endorsement. If you are applying for examination, you need not complete this form.

TO BE COMPLETED BY APPLICANT

INSTRUCTIONS:

1. Applicant complete top part of this form.
2. Contact your original state of licensure for verification instructions. Use this form if they do not participate in Nursys.
3. Your state of original licensure will return this form directly to the West Virginia Board of Examiners for Registered Professional Nurses.

State of Original RN licensure:	Date Issued:
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License Number:

First name	Middle	Last	Maiden name
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Street Address	City	State	Zip
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I hereby authorize the licensing authority of the above-named state of RN licensure to furnish to the West Virginia Board of Examiners for Registered Professional Nurses the information requested below.	Social Security Number: _____
	Signature of Applicant: _____

TO BE COMPLETED BY THE LICENSING AUTHORITY OF THE ORIGINAL STATE OF LICENSURE

This is to certify that the above-named was issued a license to practice Registered Professional Nursing in your state or jurisdiction.

RN license number: _____ Date of Issuance: _____ Expires: _____

Licensed By:	<input type="checkbox"/> Examination	Current License Status:	<input type="checkbox"/> Active	Has this license ever been encumbered in any way? (revoked, suspended, surrendered, restricted, limited, placed on probation, or otherwise disciplined) If Yes, please attach an explanation.	<input type="checkbox"/> Yes	Is licensee currently under investigation?	<input type="checkbox"/> Yes
	<input type="checkbox"/> Endorsement		<input type="checkbox"/> Inactive		<input type="checkbox"/> No		<input type="checkbox"/> No
	<input type="checkbox"/> CI Waiver		<input type="checkbox"/> Lapsed				

NCLEX or SBTPE Results:

	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	NCLEX	Other
Std. Scores							
Series/Form #							

Name of Nursing Education Program Completed	Year of Graduation
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Mailing Address of nursing program	City	State
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Was the School of Nursing program approved at the time of applicant's graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the applicant present evidence of high school graduation or its equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SEAL / SIGNATURE

(SEAL)

I hereby certify that the above information represents accurately the information on file with this agency, for the above-named individual.

Signature

State of

Date

Please return directly to:

West Virginia Board of Examiners
for Registered Professional Nurses
90 MacCorkle Ave SW, Suite 203
South Charleston, WV 25303