



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: _____

License Number: _____

First name

Middle

Last

Maiden name

Mailing Address

City

State

Zip

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:

- Examination
 Endorsement
 CI Waiver

Current License Status:

- Active
 Inactive
 Lapsed

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.

- Yes
 No

Is licensee currently under investigation?

- Yes
 No

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

Mailing Address of nursing program

City

State

Was the School of Nursing program approved at the time of applicant's graduation?

- Yes
 No

Did the applicant present evidence of high school graduation or its equivalent?

- Yes
 No

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 Registered Nurses
5001 MacCorkle Ave, S.W.
South Charleston, WV 25309