



ADVANCED PRACTICE NURSE VERIFICATION FORM

Verification of APRN licensure in other states is required of all West Virginia APRN applicants. Use this form to request APRN verifications.

TO BE COMPLETED BY APPLICANT

INSTRUCTIONS:

1. Applicant complete top part of this form.
2. Send this form to your state(s) of APRN licensure (include processing fee that state may require).
3. Your state of licensure will return this form directly to the West Virginia Board of Examiners for Registered Professional Nurses.

State of APRN licensure: _____

Date Issued: _____

License Number: _____

First name

Middle

Last

Maiden name

Street Address

City

State

Zip

I hereby authorize the licensing authority of the above-named state of APRN 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 STATE OF APRN LICENSURE

This is to certify that the above-named was issued an Advanced Practice license in your state or jurisdiction.

Advanced Practice license number: _____ Date of Issuance: _____ Expires: _____

Prescriptive Authority certificate number: _____ Date of Issuance: _____ Expires: _____

Has this license ever been encumbered in any way? (revoked, suspended, surrendered, restricted, limited, placed on probation, or otherwise disciplined)

Yes

No

If Yes, please attach an explanation.

Is licensee currently under investigation?

Yes

No

Is licensee currently authorized to prescribe in your jurisdiction?

Yes

No

Is Prescriptive Authority automatically granted with APRN licensure?

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