



Rhode Island Board of Nurse Registration and Nursing Education

Room 103, Three Capitol Hill
 Providence, RI 02908-5097
 (401) 222-5700

Substitute forms are not acceptable - This form may be duplicated as needed .

INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

I am applying for a license to practice as a nurse in the State of Rhode Island. The Rhode Island Board of Nurse Registration and Nursing Education requires that the following form be completed by the jurisdiction in which I obtained a license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Nurse Registration and Nursing Education at the above address.

_____	_____	_____
Print/Type Full Name	Signature	Date
_____	_____	_____
Previous Names Used	Social Security Number	Date of Birth
_____	_____	_____
License Number	Date Issued	Daytime Phone Number

THIS SECTION TO BE COMPLETED BY THE NURSING BOARD

Basis for Issuing License:

RN LPN/VN

Licensed by:

Endorsement Waiver

License Status:

Active Inactive Lapsed

Original Date Issued:

Expiration Date:

Questions:

1. Has this nurse ever been investigated by your Board? Yes No
2. Has this nurse incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

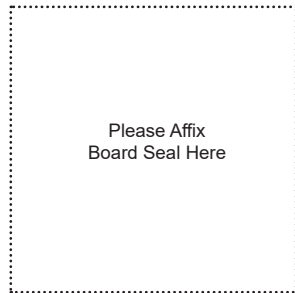
Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name of Licensing Board _____



Please return directly to the Board at the above address. Thank you for your prompt cooperation.