THIS FORM IS FOR NON-COMPACT NURSYS STATES - FOR COMPACT STATES APPLY AT WWW.NURSYS.COM

Rhode Island Board of Nurse Registration and Nursing Education

Room 103, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-5700

Substitute forms are not acceptable.

INTERSTATE VERIFICATION FORM - STATE 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 my original 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

Nursing Education Program Completed:	**Location:**	**Graduation Date:**
Approved by State: ☐ Yes ☐ No	**Type of Nursing Program** ☐ DIP ☐ LPN ☐ AD ☐ BSN ☐ Other _____	
Basis for Issuing License: ☐ RN ☐ LPN/VN	**Licensed by Examination:** ☐ Yes ☐ No	**Exam Type:**
Series:	**Date:**	**Results:** / **CGFNS:** ☐ Yes ☐ No
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 Affix Board Seal Here

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