

Mail This Form To Your Original State Board of Licensure If The State is Not Listed As Participating Through the NURSYS License Verification Site At www.nursys.com.

Iowa Board of Nursing
 400 SW 8TH Street, Suite B
 Des Moines, IA 50309-4685

VERIFICATION OF ORIGINAL LICENSE

THIS SECTION TO BE COMPLETED BY APPLICANT

Name (Last, First, Middle):		Maiden Name:	
Current Address:		City, State, Zip:	
Name of nursing program completed:			
Original license number:	RN <input type="checkbox"/> LPN <input type="checkbox"/>	Date of Issuance:	
I hereby authorize the _____ Board of Nursing to provide the Iowa Board of Nursing the information listed below:			
Date _____		Signature _____	

THIS SECTION TO BE COMPLETED BY LICENSING AGENCY ONLY

This is to certify that the above named was issued license number:		Date of issuance:	
To practice as: Registered Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/>		Licensed by: Exam <input type="checkbox"/> Endorsement <input type="checkbox"/>	
Current license status: Active <input type="checkbox"/> Inactive <input type="checkbox"/>		Date license expires:	
Has this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited, placed on probation)? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there any action pending? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes to either of the above questions, please include copies of public documents.			
Name of accredited nursing education program completed:			
City and State:	Year of Graduation:	Approved program: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Records indicate graduation from:		High School <input type="checkbox"/>	High School Equivalency <input type="checkbox"/>

Information is collected pursuant to Iowa Code 147.49 and Iowa Administrative Code 655-Chapter 3, will be used for workforce projections, and may be disclosed pursuant to IAC 655-Chapter 11. Failure to provide mandatory information will result in license denial.

SEAL

Signature _____
 Title _____
 State _____
 Date _____