

Professional License Renewal Form

(Nursing License)

The **professional license renewal form** sample for nurses streamlines the process of updating credentials, ensuring compliance with regulatory requirements. This form includes essential sections for personal information, continuing education credits, and current employment details. Using this template helps nurses maintain their licensure efficiently and accurately.

1. Personal Information

Full Name:

License Number:

Date of Birth:

Email Address:

Phone Number:

Mailing Address:

2. Continuing Education Credits

Please list completed continuing education for this renewal period:

Course Title	Provider	Date Completed	Credits Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Credits Earned:

3. Current Employment Details

Employer Name:

Current Position:

Employment Start Date:

4. Attestation and Signature

I hereby attest that all information provided is true and correct to the best of my knowledge.

☐ I agree

Signature:

Date:

Submit Renewal