

Nursing License Verification Form Sample

This **nursing license verification form sample** provides a clear template to help healthcare professionals confirm the validity of a nurse's credentials. It includes step-by-step instructions to ensure accurate and efficient verification. Use this form to maintain compliance and uphold professional standards in nursing practice.

Instructions

1. Complete all sections of the form legibly. Incomplete forms may cause delays.
2. Attach a photocopy of the nurse's current license and government-issued ID.
3. Send the completed form along with attachments to the nursing board or licensing authority for verification.
4. Await confirmation from the licensing authority before proceeding to employ or contract the nurse.
5. Retain a copy of this form and official verification for your records.

Section 1: Nurse Information

Full Name	_____
License Number	_____
Date of Birth	___ / ___ / ____
State/Country of Issue	_____
License Expiry Date	___ / ___ / ____

Section 2: Requesting Organization

Facility/Organization Name	_____
Contact Person	_____
Phone Number	_____
Email Address	_____
Facility Address	_____

Section 3: Authorization

Nurse's Signature: _____ Date: ___ / ___ / ____

Section 4: Official Use Only (Licensing Authority)

Verified by	_____
Verification Date	___ / ___ / ____
Verification Method	<div><input type="checkbox"/> Online Registry</div> <div><input type="checkbox"/> Phone</div> <div><input type="checkbox"/> Email</div> <div><input type="checkbox"/> Other: _____</div>

Comments	<hr/> <hr/> <hr/>
-----------------	-------------------

Please ensure all information is accurate and true. Falsification or misrepresentation may result in denial of employment or disciplinary action.