

Nevada State Board of **NURSING**

Endorsement Form

NOTE: Send this form to the state in which you were originally licensed by examination. Before mailing the form, you will need to contact that state board to determine the fee required for this service.

Part One: To Be Completed By Applicant

Applicant Name: _____ License Number: _____

Other Names Licensed Under: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

I am requesting licensure in the State of Nevada as: RN LPN OTHER

Signature of Applicant _____

Part Two: To Be Completed By Original State Of Licensure Board

Applicant's Name: _____

License Type: RN LPN OTHER License Number: _____ Status: _____

Original Date of Licensure: _____ Expiration Date: _____

Licensed By Examination: Type: _____ Date: _____ NCLEX Score: _____

SBTPE Scores: Medical _____ Surgical _____ Obstetric _____ Pediatric _____ Psychiatric _____

Licensed by Endorsement (from which state): _____

Licensed by Waiver (please explain): _____

Name of Education Program completed: _____

City/State: _____ Degree Awarded: _____ Graduation Date: _____

Disciplinary Information: Has license, registration, or certification ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation: Yes _____ No: _____ (If yes, please provide copies of all petitions, orders, etc)

Signature: _____ Title: _____

Board of Nursing: _____ Date: _____

(Seal)