



MAINE STATE BOARD OF NURSING

161 Capitol Street • 158 State House Station
Augusta, Maine 04333-0158
(207) 287-1133

VERIFICATION OF REGISTERED NURSE LICENSURE

TO _____ Board of Nursing

Name of Applicant _____

Present address _____

License Number _____ Date of Birth _____ Social Security Number _____

Information below to be completed by the Board of Nursing in your State of original licensure

EDUCATION

High School Diploma: YES NO GED

Nursing Program: State Accredited? YES NO Type: Associate Degree Baccalaureate Degree Diploma

Name: _____

Address: _____

Date of Entrance _____ Date of Graduation _____ Length of Program* _____

LICENSURE

License Number _____ Date Issued _____ Expiration Date of Current License _____

Issued by: Exam Endorsement Waiver

Has license ever been suspended, revoked, probated, reprimanded or limited/restricted? YES (please attach explanation) NO

EXAMINATION

Results of State Board Test Pool Examination/NCLEX (please indicate if exam was taken more than one time) Series Number: _____

Scores: *If applicant did not write SBTPE/NCLEX, specify type of test and list subjects and grades on back.

Medical Nursing _____	Psychiatric Nursing _____
Obstetric Nursing _____	Surgical Nursing _____
Nursing of Children _____	Comprehensive NCLEX _____

Canadian Exams: CNATS Provincial Taken In: English French

NAME & TITLE: _____

(SEAL)

STATE: _____

DATE: _____