

**Nursing License Confirmation Form [Form 102]**

For Nursing Licensure in the United States

**INSTRUCTIONS TO THE APPLICANT:**

Print or type the information 1 to 5 below. Mail this form to the agency or authority in every country that issued you a nursing license. If you wish, send a photocopy of your nursing license with your request.

1. First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth: MO / DAY / YEAR
2. Name or Title of the Nursing License (in English) \_\_\_\_\_
3. Nursing License Number: \_\_\_\_\_ Date issued: MO / DAY / YEAR
4. I am applying for a License in the states of: AZ; FL; IL; MI; NM; OR; TX; WA; Other \_\_\_\_\_
5. I, the applicant named above, authorize the confirmation of my nursing license to ERES at the address below.  
Signature \_\_\_\_\_ Date MO / DAY / YEAR My e-mail: \_\_\_\_\_
6. My phone numbers: (Cell): \_\_\_\_\_ (H): \_\_\_\_\_ (W): \_\_\_\_\_

**INSTRUCTIONS TO THE LICENSING AUTHORITY:**

The person named above is applying for a nursing license in the U.S.A. and may have been issued a nursing license from your agency. Please provide the information requested below and mail it to us. If you have questions about this form, please call us or write us at the e-mail address below. Thank you.

**Mail to: Educational Records Evaluation Service: 69 Lincoln Blvd. Ste A-255, Lincoln, CA 95648, U.S.A.**

1.  Yes  No Was the person named above issued a license by your agency? If 'No', then complete only #11 & #12 below.
2. Name of Applicant \_\_\_\_\_
3. Name or Title of the Nursing License (in English) \_\_\_\_\_
4. Nursing License Number: \_\_\_\_\_ Date issued: MO / DAY / YEAR
5. Name of Licensing Authority: \_\_\_\_\_
6. Address: \_\_\_\_\_  
\_\_\_\_\_
7. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
8. Current status of nursing license:  active,  inactive,  expired (Date expired: MO / DAY / YEAR),  disciplinary action  
Please explain circumstances of disciplinary action: \_\_\_\_\_  
\_\_\_\_\_
9. On what basis was the license issued to the applicant?  Completion of nursing education program,  Transfer from another country,  other: \_\_\_\_\_
10. Which governmental division in your country regulates the licensing of nurses: \_\_\_\_\_
11. Additional information (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Name/Title of person confirming this information: \_\_\_\_\_
12. Signature \_\_\_\_\_ Date: MO / DAY / YEAR