

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: 2480 Hilborn Rd, Ste 106, Fairfield, CA 94534, 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