

# 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. If your state is enrolled in Nursys, you must submit a form online at [www.nursys.com](http://www.nursys.com).

### 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)