



ENDORSEMENT REQUEST FORM

MUST COME DIRECTLY FROM BOARD OF ORIGINAL LICENSURE

PART I: To be completed by the applicant and forwarded to original state of licensure with their fee.

NAME _____
Last, First Middle Maiden other name(s) used

MAILING ADDRESS _____
Number Street Apt., City, State zip + 4

BIRTH DATE: _____ US SOCIAL SECURITY #

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Nursing Education Program _____ Degree Granted _____
Date of Completion _____ Location of Program _____
Original State of Licensure _____ Date original license issued _____

I hereby authorize _____ Board of Nursing to release my licensure data to the
NM Board of Nursing. Signature _____ Date: _____

PART II: To be completed by the licensing board of original state of licensure.

This is to certify that _____ was issued license number _____
date issued _____ to practice registered nursing practical/vocational nursing

License by: <input type="checkbox"/> Examination; <input type="checkbox"/> Endorsement; <input type="checkbox"/> Waiver	Current Licensure Status: Active? ___yes ___no Expiration Date: _____
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Has license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? * yes no. Disciplinary Action Pending? * yes no
*If yes, please send certified copies of particulars of action.

Nursing Education Program Completed: _____	State Approved? <input type="checkbox"/> yes <input type="checkbox"/> no	
Location (city/state) _____	Graduation Date _____	Type of Nursing Program <input type="checkbox"/> Diploma <input type="checkbox"/> AD <input type="checkbox"/> BSN <input type="checkbox"/> LPN

	STATE BOARD TEST POOL EXAM						NCLEX	
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	LPN/LVN	RN	LPN
Score								
Series/form								
<input type="checkbox"/> State/Provincial Constructed Exam _____ <input type="checkbox"/> Other (please explain) _____ if needed please list scores on grid above.						Exam in English? <input type="checkbox"/> yes <input type="checkbox"/> no		

STATE SEAL

SIGNATURE _____

TITLE _____

STATE _____ DATE _____