



LICENSE VERIFICATION REQUEST FORM

THE NEW MEXICO BOARD ON NURSING CHARGES A \$30.00 FEE FOR VERIFICATION OF LICENSURE.

WE DO NOT VERIFY RN/LPN LICENSURE TO OTHER BOARDS OF NURSING OR TO PRIVATE ENTITIES.
YOU MUST GO THROUGH THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN) AT
WWW.NURSYS.COM

CHOOSE ONE OF THE FOLLOWING TYPES OF VERIFICATION.

CGFNS _____ ADVANCED PRACTICE: CNS _____ CRNA _____ CNP _____

NAME OF AGENCY: _____

ADDRESS: _____

ATTN: _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS _____

NEW MEXICO NURSING LICENSE NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____

/ /
SOCIAL SECURITY NUMBER (IF APPLICABLE) _____

APPLICANTS SIGNATURE _____ DATE _____

Acceptable forms of payment:

Cashiers Check Money Order Demand Draft Business Check Credit Card
(MasterCard and Visa Only)

SELECT CREDIT CARD: MasterCard Visa

CREDIT CARD NUMBER: _____ - _____ - _____

EXPIRATION DATE (MM/YYYY): _____ / _____

SIGNATURE: _____