

Office staff will attempt to complete verifications online. If unavailable online or if the online verification lacks sufficient detail, you will be required to request an official verification.

Complete verifications must be mailed directly from the licensing agency to:

Board of Nursing
4052 Bald Cypress Way Bin C-02
Tallahassee, FL 32399-3252



Board of Nursing License Verification Request

Part I: To be completed by applicant (Florida requires verification of an active license in another state.)

Name: _____

Address: _____

Name original license was issued under: _____

License Number: _____ State: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Nursing.

Applicant Signature: _____ Date: _____

MM/DD/YYYY

Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- * Typed on an official state form or letterhead
- * Include an official board seal
- * Signature and title of state board official

The following information must be included in all verifications:

- * Licensee name
- * License number
- * State or jurisdiction of licensure
- * Licensure status
- * Is license in good standing?
- * Date of issuance/expiration
- * Licensure method (examination, grandfathering, reciprocity/endorsement)
- * Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- * If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.