



GRACELAND
UNIVERSITY

SCHOOL OF NURSING

RN LICENSE VERIFICATION

This form must be completed and notarized as indicated. All students must bring their actual license to the first focus session for verification.

ALL INFORMATION PRESENTED BELOW MUST BE IDENTICAL TO INFORMATION SHOWN ON THE RN LICENSE FROM THE STATE IN WHICH CLINICAL PRECEPTORSHIP COURSES WILL BE ARRANGED.

I, _____, am authorized in the State of _____

to practice as a _____

The address listed on my license is _____

My license number is _____

and the date of expiration listed on the license is _____

I hereby certify that all information contained in this document is true and accurate.

(Signature)

Subscribed and sworn before me, this _____ day of _____, 20 _____

Notary Public for _____ and _____
(State) (County)

My commission expires _____ .

(Notary Public Name – Printed)

(Notary Public Signature)

NOTARY SEAL

OFFICE USE ONLY:

The above indicated license or a renewal thereof was verified on _____

By _____