

NURSING AND CERTIFIED MEDICATION AIDE LICENSURE/CERTIFICATION VERIFICATION

Prior to employment, your license/certification will be checked to ensure it is valid and current. If your license/certification is not current and valid, you are ineligible for employment.

Please print:

Full Name: _____

Social Security Number: _____

Indicate whether you are a:

_____ **Registered Nurse** _____ **Licensed Vocational Nurse** _____ **Certified Medication Aide**

License/Certification Number: _____

I understand that my name and license number will be checked through the Texas Board of Nursing and certify that the above information is true and correct.

Signature: _____ **Date:** _____

For internal use:

Contact the Texas Board of Nursing. (www.bne.state.tx.us)

Applicant's license is clear and current. Expiration date: _____

Applicant's license is not clear, not current or has expired.

Verification performed by: _____ **Date:** _____

Facility Director: _____ **Date:** _____