



INTERNATIONAL DIPLOMA VERIFICATION

Send this form to the licensing or regulatory agency where you were registered as a professional nurse.

PART I: To be completed by APPLICANT and forwarded to appropriate regulatory agency.

Name: <i>(Last, First, Middle)</i>		Previous Names: <i>(Including Maiden)</i>	
Current Street Address of Record:			
City:	Province or State:	Country:	Postal Code or Zip:
Name as it Appeared on Original Diploma: <i>(Last, First, Middle)</i>		Date of Birth: <i>(Month/Day/Year)</i>	
Country of Original Diploma:	Issue Date of Diploma:	Diploma Number:	
Name of School:	Graduation Date:	Type of Nursing Program: <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other	
Address of School:			
(City)	(Province or State)	(Country)	(Postal Code)
I hereby authorize all identified regulatory agencies to release my licensure data to the California Board of Registered Nursing.			
Signature: _____		Date: _____	

PART II: To be completed by registration agency and sent to the California Board of Nursing listed at the top of this form.

This is to certify that this applicant was issued a diploma number to practice as a registered nurse:

Applicant Name: _____ **Diploma Number:** _____

Date Diploma Issued: _____ **Expiration Date:** _____

Type of Diploma: General Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Public Health <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other <input type="checkbox"/> please list: _____	Diploma Number of other license:
Examination Taken: National <input type="checkbox"/> State <input type="checkbox"/> Other _____	Language Examination Taken:
Exam Covered: Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Pediatric <input type="checkbox"/> Obstetric <input type="checkbox"/> Psychiatric <input type="checkbox"/>	<input type="checkbox"/> English <input type="checkbox"/> Other _____

Signature: _____ **Title:** _____
Regulatory Agency: _____ **Date:** _____
Agency Address: _____

[COUNTRY SEAL] FILE NO. _____