

Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700
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www.arsbn.org

PROGRAM VERIFICATION AUTHORIZATION FORM

GENERAL INFORMATION

In accordance with the *Arkansas State Board of Nursing Rules*, the licensure examination application shall be authorized by the nursing education program director to assure the applicant has completed the program. Additionally, the examination application shall not be acceptable if the director or chairman of an educational program has certified the applicant prior to date of completion.

The online submission of an examination application requires the nursing director or chairman of the nursing education program to verify a student's graduate status **after** they have completed the nursing education program. This is accomplished via a secure electronic verification process for applicants graduating from in state programs. The secure access is assigned to a singular authorized nursing education program director or chairman and should be confidentially maintained. Each nursing education program should identify the nursing program director or chairman that is authorized to verify student graduation from the program. Final authorization of individual identified herein is subject to ASBN approval.

DIRECTIONS

Complete the following information and electronically submit to the Arkansas State Board of Nursing (ASBN) Education Department; Attention Dr. Brandy Haley at brandy.haley@arkansas.gov.

Name of Nursing Education Program

Program Code

Name, credentials and title of individual authorized to provide verification of program completion/graduation

Email address

The above identified program director/chair is authorized to complete graduate verification of program completion for submission to ASBN. It is understood that an Automatic Notification of Approval/Denial by Program Chairman email is automatically generated and submitted to ASBN. This email includes approval/denial of a respective applicant's verification of graduate status from identified nursing education program. It is additionally understood that verification of graduate status is not completed until AFTER a student has completed the program of study. This responsibility will not be delegated to an individual other than the program director/chair authorized herein.

Signature, credentials and title of Program Official

Date

Signature, credentials and title of individual authorized herein

Date

This section is completed by ASBN.

Program Authorization: Approved Denied

Signature, credentials and title of ASBN official

Date

Date Recorded _____

Date submitted to INA _____