



# Arkansas Department of Health

Arkansas State Board of Nursing  
 1123 S. University Ave., #800 • Little Rock, AR 72204 • (501) 686-2700 • Fax (501) 686-2714  
 Governor Sarah Huckabee Sanders  
 Renee Mallory, RN, BSN, Secretary of Health  
 Jennifer Dillaha, MD, Director  
 Sue A. Tedford, MNsc, APRN, Director

## ADVANCED PRACTICE LICENSURE VERIFICATION FORM - ENDORSEMENT

**Applicant: Complete Section 1 below and forward this form to the Board of Nursing in the state where you are currently licensed as an APN and/or have prescriptive privileges.**

### SECTION 1:

Name (Last, First, Maiden/Middle):		
City	State	Zip Code
RN License Number	Advanced Practice License Number	Prescriptive Authority Number

### SECTION 2: TO BE COMPLETED BY THE BOARD OF NURSING

THE ABOVE NAMED APRN HAS APPLIED FOR AN ARKANSAS APRN LICENSE AND/OR PRESCRIPTIVE AUTHORITY. PLEASE COMPLETE SECTION 2 AND MAIL DIRECTLY TO:

Arkansas State Board of Nursing  
 1123 S. University Ave., Suite 800  
 Little Rock, AR 72204

I hereby verify that \_\_\_\_\_  
(print name)

has met the initial criteria for advanced practice licensure and/or prescriptive authority.

Does the licensee currently hold an advanced practice license in your jurisdiction? Yes  No

Is the licensee currently authorized to prescribe in your jurisdiction? Yes  No

Is Prescriptive Authority automatically granted with APN licensure? Yes  No

Advanced Practice License Number \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Prescriptive Authority License/Certificate Number \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Has license/certificate ever been encumbered? \*Yes  No  \*If yes, please attach a certified copy of Board order.

Is applicant currently under investigation? Yes  No

Seal

Executive Director \_\_\_\_\_

State of \_\_\_\_\_

Date \_\_\_\_\_