Arkansas Department of Health

Arkansas State Board of Nursing
1123 S. University Ave., #800 • Little Rock, AR 72204
(501) 6-2700 • Fax (501) 686-2714

RN/PN NURSING EDUCATION PROGRAM COMPLETION VERIFICATION

GENERAL INFORMATION

In accordance with the Arkansas State Board of Nursing *Rules*, the licensure examination application shall be authorized by the nursing 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 (authorized official) of the nursing education program to verify a student's graduate status after they have completed the nursing education program.

DIRECTIONS

This form must be completed by the nursing education program director (authorized individual) after the applicant has completed the program. Check the box approve or deny based on applicant status. Print unless otherwise requested. Graduates will not be issued a temporary permit nor approved to test until this form is received by the Board. Please legibly print in blue or black ink, except where otherwise indicated. Please submit this completed form to the Board at the address or fax number above.

Name of Applicant _____ (First) _____ (Middle) _____ (Maiden) _____ (Last)

I hereby APPROVE the application submitted by the above named applicant and verify that on

_____ (Day) _____ (Month) _____ (Year) the applicant is a graduate from

_____
Name of Nursing Education Program

_____ (Street Address) _____ (City) _____ (State) _____ (Zip Code)

I certify that this individual completed the:

- ☐ RN associate degree
- ☐ RN baccalaureate degree
- ☐ RN diploma degree
- ☐ Practical nurse program
- ☐ I hereby DENY the application submitted by the above named applicant.

_____ _____
Signature of Nursing Director (Authorized Official) Title

Date _____