



## Arkansas Department of Health

Arkansas State Board of Nursing
1123 S. University Ave., #800 • Little Rock, Arkansas 72204 • (501) 686-2700 • Fax (501) 686-2714
Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health
Sue A. Tedford, MNSc, APRN, Director

## 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**

Name of Applicant \_\_\_\_

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.

	First		Middle	Maiden	Last
I hereby APPROVE the application submitted by the above named applicant and verify that on					
the applicant is a graduate from					
Day	Month	Year			
	Na	nme of Nursing Educ	ation Program		
Street Address		City		State	Zip Code
I certify that t	his individual comp	oleted the:			
•	sociate degree				
RN ba	ccalaureate degree	!			
RN dip	oloma degree				
Practio	cal nurse program				
I here	by DENY the applic	ation submitted	by the above	named applicant.	
Signature of Nursing Director (Authorized Offi					Title
Date					