



South Carolina Board of Nursing

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NURSE LICENSE VERIFICATION

RN/LPN/APRN

This form is provided as a convenience and may be utilized for states that do NOT participate in NURSYS. A state board issued license verification may be used in lieu of this form. If your state participates in NURSYS for RN/LPN you should go online to <https://www.nursys.com/> to have a verification sent directly to the SCBON.

My signature below is your authority to release any and all information in your file, favorable or otherwise, regarding me directly to the above address.

Applicant/Licensee Name: _____ License Number: _____

Address: _____

Signature: _____ Date: _____

State Board Section:

To be completed by the state board. Mail directly to the South Carolina Board of Nursing at the above address.

Full name of licensee: _____ License Type: _____

State of: _____ License number: _____ Date issued: _____

Status of License: _____

Licensed by: Exam Endorsement Waiver/Equivalency Other: _____

Nursing Education Program: _____ Date of degree: _____

Type of Degree: _____

Exam Information:

State Board Test Pool: RN LP/NV Date Passed: _____ Score: _____

NCLEX: RN LP/NV Date Passed: _____ Score: _____

Has license been disciplined, suspended, revoked, or restricted? Yes No If yes, please provide details and attach documentation detailing the circumstances.

Signature: _____

Print name: _____

Board Seal

Title: _____

Board: _____

Date: _____