



Documentation of Professional Practice as Registered Nurse

Name: Click or tap here to enter text. Student ID Number: Click or tap here to enter text.

- Years of working as licensed Registered Nurse (RN) Click or tap here to enter text.
- Date of original licensure (year) Click or tap here to enter text.
- Name on License Click or tap here to enter text.
- License Number Click or tap here to enter text.
- License State Click or tap here to enter text.
- Expiration Date Click or tap to enter a date.
- Compact Status Click or tap here to enter text.

(This information will be confirmed by Graduate Nursing Programs Office)

Have you ever had a disciplinary action or public reprimand by any Board of Nursing? Yes No

If yes, please email a written explanation and include the Board Order/Consent Order from the Board of Nursing, immediately to Ms. Tammy Johnson at tjohnson@jsu.edu

*If you have not graduated with a BSN please list expected graduation date below and college:

Expected Graduation Date Click or tap to enter a date. College or University Click or tap here to enter text.

NCLEX Test Date (must be prior to July 1 of the current admission term): Click or tap to enter a date.

I certify that the information contained in this form is true and correct.

Signature Click or tap here to enter text.

Date Click or tap to enter a date.

****For Graduate Nursing Programs Office use only:***

1. Applicant meets criteria of 2 years of practice as RN. Yes No
2. Applicant does not meet criterion of 2 years of practice as RN before admission but will obtain those 2 years prior to starting Nurse Practitioner (NP) specialty track courses. Yes No
3. Applicant does not meet criterion of 2 years of practice as RN or eligibility at this time. Yes No