

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

*Profession is defined as professional titles licensed under New York State Education Law.

1. Complete Section I. In item 4, enter your name exactly as it appears on your Application for Licensure (Form 1). **Be sure to sign and date item 10.**
2. Send the entire form to the appropriate licensing/registration authority for completion of Section II. Be sure to include any fee required by that licensing/registration authority. **This form will not be accepted if submitted by the applicant or any person or agency other than the proper licensing/registration authority.**

1. Check what you are applying for ☐ Registered Professional Nurse ☐ Licensed Practical Nurse

2. Social Security Number 3. Birth Date Month Day Year

(Leave this blank if you do not have a U.S. Social Security Number.)

Nurse Form 3F, Page 1 of 2, Revised 2/18

Section II - Verification of Licensure/Certification (Please print or type.)

Instructions to the Licensing/Registration Authority: Please complete items 1-4, sign and date the certification and return both pages of this form in an sealed official institution envelope directly to the Office of the Professions at the address below. Do not return this form to the applicant. This form will *not* be accepted if returned by the applicant or any person or agency other than the proper licensing/registration authority. Attach additional sheets if necessary.

1.	Name of the applicant _____ <div style="text-align: right;"><i>(see Section I, item 7)</i></div>	
2.	Professional title on license/certificate (native language spelling) _____	
	Professional title on license/certificate (English-language spelling) _____	
	License/Registration number _____ Date of licensure/registration _____ <div style="text-align: right;">mo. day yr.</div>	
3.	Verification of licensure/certification - Complete if applicant was licensed/registered as a nurse or was approved to take a state/provincial/national examination in nursing or was otherwise qualified to practice nursing in your jurisdiction.	
	A. The nursing program indicated in item 9 on page 1 was:	
	1. Approved by this licensing authority at the time of the applicant's attendance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Approved by this licensing authority at the time of the applicant's graduation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. A first level/professional (registered) nursing program of at least 2 years in length	<input type="checkbox"/> Yes <input type="checkbox"/> No
	OR A secondary level/auxiliary (practical) nursing program of at least 9 months in length.	
B.	Initial approval date of this school's nursing program _____ <div style="text-align: right;">mo. day yr.</div>	
	If noted school program is not approved for General Nursing Practice, please explain _____	
C.	Basis of licensure (check one): <input type="checkbox"/> Examination <input type="checkbox"/> Education Only <input type="checkbox"/> Other (Explain) _____	
	Is the applicant's practice of general nursing restricted? (If yes, attach an explanation) <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Complete if applicant was issued a license/certificate by your jurisdiction.	
	A. Has disciplinary action been taken against this license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. Are disciplinary charges pending against this license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the answer to either of these questions is "yes", please attach a complete explanation with any supporting documentation.	

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted in item 4 above or in any attachments, in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature _____	Date _____
Print Name _____	
Title _____	
License/Registration authority _____	
Full Address _____	
Telephone _____	Fax _____
Email _____	
Web site address _____	

Institution Seal

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000, U.S.A..