

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

LICENSE VERIFICATION REQUEST FORM

PLEASE FILL OUT VERIFICATION FORM BELOW AND MAIL OR FAX TO
THE NEW MEXICO BOARD OF NURSING
THIS IS THE ONLY FORM NEEDED FOR VERIFICATION
TO CGFNS AND FOR ADVANCED PRACTICE

AS OF NOVEMBER 1ST, 2006

THE NEW MEXICO BOARD ON NURSING WILL START CHARGING A \$30.00 FEE FOR VERIFICATION OF
LICENSURE. WE ONLY VERIFY TO CGFNS AND FOR ADVANCED PRACTICE LICENSURE.
WE DO NOT VERIFY RN/LPN LICENSURE TO OTHER BOARDS OF NURSING OR TO PRIVATE ENTITIES.
YOU MUST GO THROUGH OUR NATIONAL COUNCIL AT WWW.NURSYS.COM

PLEASE FILL OUT THE FOLLOWING REQUEST FORM AND SUBMIT WITH THE CORRECT FEE AND PAYMENT
TYPE. CHOOSE ONE OF THE FOLLOWING:

CGFNS _____ ADVANCED PRACTICE: CNS _____ CRNA _____ CNP _____

NAME OF AGENCY: _____

ADDRESS: _____

ATTN: _____

PLEASE COMPLETE FORM BELOW FOR VERIFICATION OF LICENSURE

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS

NEW MEXICO NURSING LICENSE NUMBER DATE OF BIRTH

Not Applicable
SOCIAL SECURITY NUMBER (IF APPLICABLE)

APPLICANTS SIGNATURE DATE

ACCEPTABLE FORMS OF PAYMENT ARE AS FOLLOWS:
CASHIERS CHECK: MONEY ORDER: BUSINESS CHECK:

PLEASE MAKE PAYABLE TO NEW MEXICO BOARD OF NURSING
DO NOT SEND PERSONAL CHECKS OR CASH

PLEASE CHECK ONE OF THE FOLLOWING CARDS:
MASTER CARD # VISA #

EXPIRATION DATE: MONTH YEAR

SIGNATURE

PLEASE NOTE: FEE IS NOT REFUNDABLE
PLEASE ALLOW FORTY-FIVE (45) TO SIXTY (60) DAYS FOR PROCESSING