



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

ADVANCED PRACTICE LICENSURE VERIFICATION FORM - ENDORSEMENT

Applicant: Complete Section 1 below and forward this form to the Board of Nursing in the state where you are currently licensed as an APN and/or have prescriptive privileges.

SECTION 1:

Name (Last, First, Maiden/Middle):		
Mailing Address		
City	State	Zip Code
RN License Number	Advanced Practice License Number	Prescriptive Authority Number

SECTION 2: TO BE COMPLETED BY THE BOARD OF NURSING

THE ABOVE NAMED APRN HAS APPLIED FOR AN ARKANSAS APRN LICENSE AND/OR PRESCRIPTIVE AUTHORITY. PLEASE COMPLETE SECTION 2 AND MAIL DIRECTLY TO:

Arkansas State Board of Nursing
1123 S. University Ave., Suite 800
Little Rock, AR 72204

I hereby verify that _____ (print name)
has met the initial criteria for advanced practice licensure and/or prescriptive authority.

Does the licensee currently hold an advanced practice license in your jurisdiction? Yes No

Is the licensee currently authorized to prescribe in your jurisdiction? Yes No

Is Prescriptive Authority automatically granted with APN licensure? Yes No

Advanced Practice License Number _____ Date of Issuance _____

Prescriptive Authority License/Certificate Number _____ Date of Issuance _____

Has license/certificate ever been encumbered? *Yes No *If yes, please attach a certified copy of Board order.

Is applicant currently under investigation? Yes No

Seal _____ Executive Director _____
State of _____
Date _____