



# 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, Interim Secretary of Health  
Sue A. Tedford, MNsc, APRN, Director

## RN/PN NURSING EDUCATION PROGRAM COMPLETION VERIFICATION

### GENERAL INFORMATION

In accordance with the Arkansas State Board of Nursing *Rules*, the licensure examination application shall be authorized by the nursing program director to assure the applicant has completed the program. Additionally, the examination application shall not be acceptable if the director or chairman of an educational program has certified the applicant prior to date of completion.

The online submission of an examination application requires the nursing director or chairman (authorized official) of the nursing education program to verify a student's graduate status **after** they have completed the nursing education program.

### DIRECTIONS

This form must be completed by the nursing education program director (authorized individual) **after** the applicant has completed the program. **Check the box approve or deny based on applicant status.** Print unless otherwise requested. Graduates will not be issued a temporary permit nor approved to test until this form is received by the Board. Please legibly print in blue or black ink, except where otherwise indicated. Please submit this completed form to the Board at the address or fax number above.

Name of Applicant

\_\_\_\_\_  
First Middle Maiden Last

I hereby **APPROVE** the application submitted by the above named applicant and verify that on \_\_\_\_\_ the applicant is a graduate from

Date: Day Month Year

\_\_\_\_\_  
Name of Nursing Education Program

\_\_\_\_\_  
Street Address City State Zip Code

I certify that this individual completed the:

- RN associate degree;
- RN baccalaureate degree;
- RN diploma degree; or
- Practical nurse program

I hereby **DENY** the application submitted by the above named applicant.

\_\_\_\_\_  
Signature of Nursing Director (Authorized Official)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date