

**NEW MEXICO BOARD OF NURSING
ATTESTATION OF PRACTICE AS A LICENSED
PRACTICAL/ REGISTERED NURSE**

On this _____ day of _____, 20____, I _____, born on _____, swear and affirm as follows: *(Full Legal Name)*
(mm/dd/yyyy)

1. That I completed my basic nursing program in _____.
(Country)

2. That I am licensed to practice as a nurse in _____.
(Country)

3. That my credentials, amongst which are my official transcript(s), diploma(s) or degree certificate(s), and nursing license, have been evaluated by a duly authorized credentialing institution and deemed equivalent to a _____ in the United States.
(Licensed Practical Nurse or Registered Nurse)

4. That the credentialing institution has been authorized and instructed to prepare, issue, and provide a report regarding my qualifications as a nurse to the New Mexico Board of Nursing.

5. That I have practiced as a _____ in _____
(Licensed Practical Nurse or Registered Nurse) *(Country)*
for _____ year(s) _____ month(s), and that my license has never been subject to disciplinary action or any reason.

6. That I have never taken the NCLEX or I have taken it _____ number times in the following jurisdictions. _____, _____,
_____, _____, _____,

I swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Print Name *(Full Legal Name)*

Signature *(Full Legal Name)*

Date