



New Mexico Board of Nursing  
6301 Indian School Rd NE,  
Suite 710  
Albuquerque, NM 87110

Fax: 505-841-8347

## License Verification Request Form

The New Mexico Board of Nursing charges a \$30.00 (USD) fee for verification of licensure.

**ATTENTION:** THE NM BOARD OF NURSING **DOES NOT** PROVIDE PAPER VERIFICATIONS OF RN OR LPN LICENSURE TO OTHER STATE BOARDS OF NURSING. YOU MUST GO THROUGH THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN) AT [WWW.NURSYS.COM](http://WWW.NURSYS.COM).

Complete the verification request form for visa screen, advanced practice, international nursing boards, or other health professional regulatory boards. Submit with the correct fee and payment type. Choose one of the following types of verification:

APRN-CNP \_\_\_\_\_ APRN-CNS \_\_\_\_\_ APRN-CRNA \_\_\_\_\_ LPN \_\_\_\_\_ RN \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ATTN: \_\_\_\_\_

LEGAL NAME: _____			
LAST	FIRST	MIDDLE	MAIDEN
_____	_____	_____	_____
DATE OF BIRTH	U.S. SOCIAL SECURITY NUMBER	LICENSE NUMBER	
_____	_____	_____	
HOME PHONE	EMAIL ADDRESS		
_____	_____		



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## Verification Payment Form

**FEES ARE NON-REFUNDABLE. PERSONAL CHECKS ARE NOT ACCEPTED**

Fees are accepted only in the form of:

- U.S. money order, cashier's check or demand draft drawn on U.S. banks and made payable to: NM BOARD OF NURSING
- Credit cards: MasterCard or Visa

LEGAL NAME: _____			
LAST	FIRST	MIDDLE	MAIDEN
_____			
LICENSE NUMBER			
_____			
<b>SELECT PAYMENT METHOD:</b>			
<input type="checkbox"/> Cashier's Check	<input checked="" type="checkbox"/> Money Order	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Business Check
<input type="checkbox"/> Credit Card (indicate):	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	
<b>Credit Card Number:</b>	_____ - _____ - _____ - _____		
<b>Expiration Date:</b>	_____/____/_____	<b>3 Digit CVC Code:</b>	_____
<b>Signature:</b>	_____		



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## Payment Form

LEGAL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

CREDIT CARD EXPIRATION DATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_  
MM/YY (MAY BE N/A)

### FEES NEED TO BE PAID AT THE WINDOW

**SELECT ONLY ONE FEE**

#### Renewal, Reactivation/Reinstatement

\_\_\_\_\_ Renewal Fee \$110.00  
\_\_\_\_\_ Reactivation Fee \$200.00 –renewing late

#### RN/LPN Initial Examination and RN/LPN Re-Examination

<u>Initial Examination Fees</u>		<u>Re-Examination Fees</u>	
_____ Registered Nurse	\$150.00	_____ Registered Nurse	\$60.00
_____ Licensed Practical Nurse	\$150.00	_____ Licensed Practical Nurse	\$60.00

#### RN/LPN Endorsement

<u>Endorsement Fees</u>		<u>Endorsement with Temporary License Fees</u>	
_____ Registered Nurse	\$150.00	_____ Registered Nurse	\$210.00
_____ Licensed Practical Nurse	\$150.00	_____ Licensed Practical Nurse	\$210.00

#### Advanced Practice Licensure

<u>Licensure Fees</u>		<u>Licensure with Temporary License Fees</u>	
_____ APRN Initial Licensure	\$100.00	_____ APRN Initial Licensure	\$160.00
		w/ Temporary License	

#### Verification of Licensure

\_\_\_\_\_ Verification Fee \$30.00

CFO Initials \_\_\_\_\_ Date & Time \_\_\_\_\_