



LICENSE VERIFICATION REQUEST FORM

THE NEW MEXICO BOARD ON NURSING CHARGES A **\$30.00 FEE** FOR VERIFICATION OF LICENSURE.

WE DO NOT VERIFY RN/LPN LICENSURE TO OTHER STATE BOARDS OF NURSING OR PRIVATE ENTITIES. YOU MUST GO THROUGH THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN) AT WWW.NURSYS.COM

COMPLETE THE VERIFICATION REQUEST FORM FOR **VISA SCREEN, ADVANCED PRACTICE OR INTERNATIONAL NURSING BOARDS**. SUBMIT WITH THE CORRECT FEE AND PAYMENT TYPE. CHOOSE ONE OF THE FOLLOWING TYPES OF VERIFICATION.

CGFNS _____ APRN: CNS _____ CRNA _____ CNP _____

RN _____ LPN _____ (FOR INTERNATIONAL NURSING BOARDS ONLY)

NAME OF AGENCY: _____

ADDRESS: _____

ATTN: _____

LEGAL NAME: _____			
Last	First	Middle	Maiden
_____	_____	_____	_____
Date of Birth (MM/DD/YYYY)	U.S. Social Security Number	License Number	
_____	_____	_____	
Home Phone	Email Address		
_____	_____		



PAYMENT FORM

LEGAL NAME: _____
Last First Middle

Social Security # _____ NM Nursing License # _____ (may be N/A)

SELECT ONLY ONE FEE

RN/LPN Renewal Fee/Reactivation Fee

- _____ Renewal Fee \$ 110.00
- _____ Reactivation Fee \$ 200.00 – renewing late; license current within last 2 years
- _____ Verification of License \$ 30.00

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

Re-Examination

Initial Examination Fees

- | | | | |
|--------------------------------|----------|--------------------------------|-----------|
| _____ Registered Nurse | \$ 60.00 | _____ Registered Nurse | \$ 150.00 |
| _____ Licensed Practical Nurse | \$ 60.00 | _____ Licensed Practical Nurse | \$ 150.00 |

RN/LPN Endorsement

Endorsement Fees

Endorsement Fees with Temporary License

- | | | | |
|--------------------------------|-----------|--------------------------------|-----------|
| _____ Registered Nurse | \$ 150.00 | _____ Registered Nurse | \$ 210.00 |
| _____ Licensed Practical Nurse | \$ 150.00 | _____ Licensed Practical Nurse | \$ 210.00 |

Name: _____

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, or
- Cash (**EXACT AMOUNT ONLY**). **DO NOT MAIL CASH.**
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PAYMENT METHODS ACCEPTED:

Cashiers Check Money Order Demand Draft Business Check Credit Card
(MasterCard or VISA only)

SELECT CREDIT CARD: MasterCard Visa

CREDIT CARD NUMBER: _____ -- _____ -- _____ -- _____

EXPIRATION DATE: / 3 Digit CVC Code
 MM / YYYY

SIGNATURE:

**PAYMENT MUST BE ATTACHED TO THIS FORM (unless using credit cards).
ALL FEES ARE NONREFUNDABLE**