



NEW MEXICO  
BOARD OF NURSING

Mailing address: PO Box 3628  
Albuquerque, NM 87190  
Location address: 6301 Indian School Rd, Ste. 710  
Albuquerque, NM 87110  
Telephone: (505) 841-8340 Fax: (505) 841-8347

*Mission: Protect the public safety through effective regulation of nursing care and services.*

## **LICENSE VERIFICATION REQUEST FORM**

The New Mexico Board of Nursing charges a \$30.00 fee for verification of licensure. Fees are nonrefundable.

**The New Mexico Board of Nursing does not provide RN or LPN licensure verification to other state boards of nursing or to private entities. Verification must be obtained through the National Council of State Boards of Nursing (NCSBN) at [www.nursys.com](http://www.nursys.com).**

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

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> APRN – CNS  | <input type="checkbox"/> RN (for international nursing boards only)  |
| <input type="checkbox"/> APRN – CRNA | <input type="checkbox"/> LPN (for international nursing boards only) |
| <input type="checkbox"/> APRN – CNP  | <input type="checkbox"/> Attach NCLEX pass letter                    |

Send verification to

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

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

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

Licensee information

**Legal  
Name**

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ Maiden

\_\_\_\_\_ Date of Birth  
(MM/DD/YYYY)

\_\_\_\_\_ US Social Security Number (SSN)  
enter NA if no SSN

\_\_\_\_\_ NM Nursing License  
Number

\_\_\_\_\_ Contact telephone number

\_\_\_\_\_ Email address



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## LICENSE VERIFICATION REQUEST PAYMENT FORM

**License verification fee is \$30.00.**

### Licensee information (required)

**Legal  
Name**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Maiden

**NM License Number** \_\_\_\_\_

The Board of Nursing does not accept personal checks or cash.

**INSTRUCTIONS:** Complete payment form(s) and fax with license verification request form to (505) 841-8347 or mail to:

Via US Postal Service (USPS)      NM Board of Nursing  
PO Box 3628  
Albuquerque, NM 87190

Via courier or delivery service      NM Board of Nursing  
(FedEx, UPS, DHL, etc.)      6301 Indian School Rd, Ste. 710  
Albuquerque, NM 87110

Payment may also be made at the Board of Nursing office.

**FOR YOUR PROTECTION, DO **NOT** EMAIL CREDIT CARD INFORMATION TO THE BOARD OF NURSING. EMAILS WITH CREDIT OR DEBIT CARD INFORMATION WILL BE DELETED AND NOT PROCESSED.**

### Payment method (select one).

- Credit or debit card, MasterCard or Visa only. Complete credit or debit card information page.
- Cashier's check or US money order.



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## CREDIT OR DEBIT CARD PAYMENT INFORMATION

Licensee name: \_\_\_\_\_

Card type (check one):

MasterCard

Visa

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

/

\_\_\_\_\_ (MM/YY)

3-digit CVC code: \_\_\_\_\_

Signature: \_\_\_\_\_