



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

Tel: (505) 841-8340

**VERIFICATION OF ADVANCED PRACTICE REGISTERED NURSE EDUCATION FORM**

Must be received directly from the Nurse Practitioner Program

**PART I APPLICANT, COMPLETE THE INFORMATION IN THIS AREA AND FORWARD TO THE APRN EDUCATION PROGRAM**

Name: \_\_\_\_\_  
 Last First Middle Maiden

Mailing Address: \_\_\_\_\_  
 Number Street Apartment City State Zip

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RN License No./State \_\_\_\_\_

APRN Program Type (select appropriate box):  Nurse Practitioner  Nurse Anesthetist  Clinical Nurse Specialist

Name of Institution: \_\_\_\_\_ Degree Granted: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Location of Program: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release my educational data to the New Mexico board of Nursing.  
 Name of University

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II APRN PROGRAM, PLEASE COMPLETE THE FOLLOWING REGARDING THE ABOVE NOTED APPLICANT'S APRN PROGRAM.**

1. Was the applicant's APRN program a graduate level nursing program designed for the education and preparation of (select appropriate box)  Nurse Practitioners  Nurse Anesthetists  Clinical Nurse Specialists as providers of primary, and/or acute care, and/or chronic; and/or long-term; and/or end of life care?  Yes  No

2. Was the applicant's educational program offered through a regionally accredited college, university, or military?  Yes  No. If no, please explain \_\_\_\_\_

3. Verifies a **minimum** of 400 hours of clinical experience in which prescribing dangerous drugs has occurred within the two (2) years immediately preceding the date of the application. **Failure to answer question correctly will delay processing of application.**  Yes  No. If no, please explain \_\_\_\_\_

4. What is the applicant's population focus/specialty? \_\_\_\_\_

5. Indicate the degree awarded and completion date: \_\_\_\_\_  
 Degree Date

SCHOOL SEAL

Signature of Program Director \_\_\_\_\_

Print Name & Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_