

# NURSING EDUCATION VERIFICATION FORM

**This form is to be completed in its entirety by the Nurse Administrator of the Nursing Education program AFTER ALL PROGRAM REQUIREMENTS HAVE BEEN MET.**

**Note:** If Graduate is applying for **both** Graduate TPP and Exam, only **one (1)** Nursing Education Verification Form is required.

## TO BE COMPLETED BY THE NURSING EDUCATION PROGRAM ONLY

Name of Student: \_\_\_\_\_ Date of Birth : \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Provide the last 4 numbers of the student's Social Security # XXX-XX-\_\_\_\_\_

Name of the Nursing Education Program: \_\_\_\_\_

Location of Program: City \_\_\_\_\_ State: \_\_\_\_\_

Program Code: \_\_\_\_\_ Type of Program: \_\_\_\_\_  
(RN/PN)

Date student completed the nursing education program: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Awarded: \_\_\_\_\_  
(MM/DD/YY) RN - BSN, ADN, Diploma, Other-indicate  
PN - Certificate, Diploma, Other-indicate

### For Out-of-State Practical Nursing Education Programs Only:

If the program is **NOT** a Pennsylvania Nursing Education program, list the number of theory hours \_\_\_\_\_, clinical hours \_\_\_\_\_ and total hours \_\_\_\_\_ in the entire program. Length of program: \_\_\_\_\_.  
(Months)

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

**X** \_\_\_\_\_  
**Original Signature of Nurse Administrator**  
(Name stamp is not acceptable.)

[ Seal of Program or Hospital ]

Print or type the name of Nurse Administrator: \_\_\_\_\_

If there is no seal for the school, attach affidavit.

Nurse Administrator's Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_  
(Valid for one (1) year)

**DO NOT RETURN THIS FORM TO APPLICANT**

**MAIL DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF NURSING IN AN OFFICIAL SCHOOL ENVELOPE.**

**Mail Form To:**  
PA State Board of Nursing  
P.O. Box 8411  
Harrisburg, PA 17105-8411

**Physical Address:**  
PA State Board of Nursing  
2601 North Third Street  
Harrisburg, PA 17110  
(717) 783-7142