

**PROFESSIONAL  
NURSING  
SERVICE**

**LICENSURE VERIFICATION**

Consent by: \_\_\_\_\_

Professional Nursing Service is hereby given permission to obtain written verification regarding the standing of my professional licensure including any past, current or pending disciplinary action.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NURSING BOARD**

The nurse whose name appears below has applied for a position as a traveling nurse with our company. Please provide a written confirmation regarding the standing of the nurse's license.

Has any past or current disciplinary action been taken or is any action pending against this nurse?

Yes No

If yes, please provide a copy of the order and any stipulations.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Date: \_\_\_\_\_