

**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
Licensed Nurse Form**

INSTRUCTIONS:

- Complete and submit all pages of the document.
- Out of state applicants must submit a copy of your signed Social Security card.
- Submit the completed document by mail or email to the Division of Health Service Regulation (DHSR).
 - Mailing Address: 2709 Mail Service Center, Raleigh, NC 27699-2709
 - Email: dhsr.educationconsultant@dhhs.nc.gov
- For questions, call the Registry Office at 919-855-3969.

ELIGIBILITY REQUIREMENTS:

- Have a current, unrestricted license to practice nursing in North Carolina.
- Have no pending or substantiated disciplinary action involving abuse, neglect, exploitation, or misappropriation of resident or patient property.

APPLICANT INFORMATION:

Answer the questions below.

1. First Name:

2. Middle Name:

3. Last Name:

4. Maiden Name:

5. Mother's Maiden Name:

6. Social Security Number (all 9 numbers):

7. Date of Birth (mm/dd/yyyy):

8. Current Address (Street, City, State, Zip Code):

9. Telephone Number (including area code):

10. Email:

NORTH CAROLINA NURSE AIDE I REGISTRY:

Answer the questions below.

11. Are you Currently or Previously Been Listed on the North Carolina Nurse Aide I Registry (Yes/No):

12. If You Answered 'Yes' to Question #11, Provide Your Registry Listing Number:

CURRENT NURSE LICENSURE INFORMATION:

Answer the questions below.

13. License Type (Registered Nurse, Licensed Vocational Nurse, Licensed Practical Nurse):

14. License Number:

15. State of Issuance:

16. Date of Issuance:

17. License Expiration Date (mm/dd/yyyy):

ELECTRONIC SIGNATURE AGREEMENT:

You acknowledge and agree to the following statements:

- I certify that I have reviewed the entire document before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.

ATTESTATION:

I certify the information in this form, and in the documentation required with the submission of this form, is truthful, accurate, and complete. I understand the North Carolina Division of Health Service Regulation will verify my nurse license, including disciplinary action, with the appropriate Boards of Nursing and in the national nurse licensure and disciplinary database associated with the National Council of State Boards of Nursing, Inc. I understand if I provide false, incomplete or inaccurate information, then my name will be removed from the North Carolina Nurse Aide I Registry.

First Name: _____

Last Name: _____

Signature: _____

Today's Date (mm/dd/yyyy): _____