

# NURSE LICENSURE/NURSING DIPLOMA VERIFICATION

Verification of your nursing licensure in the country where you completed your nursing education is required. Complete Section 1 of this form and then send it to the authority that licenses nurses in the country where you completed your nursing education. **The licensure authority must complete Section 2 and then send the completed form directly to SpanTran by email or by postal mail or courier. SpanTran will not accept completed forms sent by you to SpanTran.**

**IF THE COUNTRY WHERE YOU COMPLETED YOUR NURSING EDUCATION DOES NOT LICENSE NURSES OR IF YOUR NURSING DIPLOMA ALLOWS YOU TO PRACTICE AS A NURSE IN THAT COUNTRY,** complete Section 1 of this form and then send it to the school where you completed your nursing education. **Your school must complete Section 2 and then send the completed form directly to SpanTran by email or by postal mail or courier. SpanTran will not accept completed forms sent by you to SpanTran.**

**IF THE COUNTRY WHERE YOU COMPLETED YOUR NURSING EDUCATION REQUIRES NURSES TO BE LICENSED BY A GOVERNMENTAL ORGANIZATION, THIS FORM MUST BE COMPLETED BY THAT ORGANIZATION. WE WILL NOT ACCEPT FORMS COMPLETED BY YOUR NURSING SCHOOL.**

## SECTION 1: APPLICANT COMPLETE THIS SECTION

### 1. YOUR CURRENT NAME

\_\_\_\_\_  
Family name(s) First name Other names

### 2. YOUR NAME AS IT APPEARS ON YOUR NURSE LICENSE OR DIPLOMA

\_\_\_\_\_  
Family name(s) First name Other names

3. DATE OF BIRTH \_\_\_\_\_  
month / day / year

4. SPANTRAN NUMBER (if known) \_\_\_\_\_

### 5. APPLICANT SIGNATURE

\_\_\_\_\_

---

## SECTION 2: NURSE LICENSURE AUTHORITY OR NURSING SCHOOL COMPLETE THIS SECTION

### 1. NAME OF NURSE LICENSURE AUTHORITY OR NURSING SCHOOL

### 2. ADDRESS OF NURSE LICENSURE AUTHORITY OR NURSING SCHOOL

\_\_\_\_\_  
School name

\_\_\_\_\_  
Street City Province/State Country Postal Code

