	For Office Use Only		
Ref. #:			
Date:			

NURSING LICENSE VERIFICATION FORM To be completed by the licensing authority only

Section 1: Instructions

Please provide the information requested below and return this form to International Education Research Foundation, Inc. (IERF).

This form should be sent directly to IERF at the following address:

Post Office Box 3665 Culver City, California 90231-3665 U.S.A.

Section 2: Please print or type.

Name of Applicant:					
Name of Registration/Licensing Center:					
Address of Registration/Licensing Center:					
Telephone: ()	Fax: ()		Email:		
Date of First Registration/Issue of License:					
Legal Professional Title (Pediatric Nurse, etc.):					
Scope of Practice:					
Registration/License Number:					
The registration/license was validated by (exam, review of license from another region):					
Registration/Licensure Status (active, inactive, expired, restricted):					
If the license was restricted, revoked, suspended or placed on probation, please explain why:					
		•			
Date of Expiration of Registration/License:					
The program of study completed by the applicant was regulated/recognized by which authority (Ministry of Education, Health) at					
the time?	-		, (,, ,,		
Registration/License Verified by (name):					
Title:					
Signature		Date:			
Affix Seal Here					