

LPN/RN/APRN Other Nurse Licenses

Instructions: Complete and upload additional forms to provide a complete list of all other nurse licenses you have ever held.

Other Nursing License Type (required)* Other Licensing Number (required)* Country (required)* Issuing Board of Nursing (required)* Compact Status (required)* Issue Date (required)* Expiration Date (required)* Status (required)* Are you currently practicing with this license? (required)*	Yes No	Other Nursing License Type (required)* Other Licensing Number (required)* Country (required)* Issuing Board of Nursing (required)* Compact Status (required)* Issue Date (required)* Expiration Date (required)* Status (required)* Are you currently practicing with this license? (required)*	Yes No
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