



**GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES**  
 237 Coliseum Drive  
 Macon, Georgia 31217-3858  
 (478)207-2440  
 www.sos.state.ga.us/plb/lpn

**EDUCATION VERIFICATION**

**Applicant: Complete Section I and send to the official of the school of nursing that you completed. The school will return this form directly to the board office.**

*SECTION I*

**NAME OF STUDENT**

LAST FIRST MIDDLE MAIDEN

ADDRESS STREET APARTMENT # CITY STATE ZIP

**TELEPHONE # HOME: ( ) WORK ( )**

\*\*\*\*\***APPLICANT – DO NOT WRITE BELOW THIS LINE**\*\*\*\*\*

*SECTION II*

**SCHOOL: Complete Section II and return this form and the clock hours form directly to the board office.**

**This is to certify that the above named student attended the following school:**

**Name of School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Did student graduate?**  YES  NO **Date graduated:** \_\_\_\_\_  
**Dates attended: From** \_\_\_\_\_ **To** \_\_\_\_\_

**This program was approved by the State Board of Nursing of \_\_\_\_\_ during the time of this student's enrollment.**

**Program School Code** \_\_\_\_\_

**It is further certified that the above named student has satisfactorily completed the subjects as shown on the official transcript or student final record that indicates student's classroom and clinical contact clock hours and grades.**

**Was a diploma, degree or certificate awarded?**  YES  NO **If no, please explain.** \_\_\_\_\_

**(Affix school seal here)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Your Name**

\_\_\_\_\_  
**Title**