

GEORGIA BOARD OF NURSING

237 Coliseum Drive
Macon, Georgia 31217-3858
(912) 207-2440

**VERIFICATION OF NATIONAL CERTIFICATION AS A
NURSE-MIDWIFE, NURSE PRACTITIONER, NURSE ANESTHETIST OR
CLINICAL NURSE SPECIALIST, PSYCHIATRIC/MENTAL HEALTH**

APPLICANT: Complete this section and forward to your national certification board. Inquire if there is a fee for completing this form and mail fee with this form to your respective national certification board. CERTIFIED NURSE-MIDWIVES who were certified prior to January 1, 1996 must submit a copy of their enrollment card from the American Council of Nurse-Midwives' Continuing Competency Assessment Program which bears current cycle dates. *National Certifying Corporation, Pediatric Nursing Certification Board and CRNA credentialing organizations must be contacted by the applicant to request verifications be submitted electronically to the Georgia Board of Nursing; PLB-Healthcare3@sos.state.ga.us.

Name _____

Last First Middle Maiden

Address _____

Street City State Zip

Social Security # _____

Date of Birth _____

Name of Advanced Practice Nursing Education Program _____

Location (city/state) _____

Date of Completion/Graduation _____

National Certification Board _____

Type of Certification _____

Certification Number (if applicable) _____

I hereby authorize the designated national certification board to furnish the information requested to the Georgia Board of Nursing.

Signature _____ Date _____

FOR CERTIFICATION BOARD ONLY

This is to certify that the above named was issued certification _____ number _____ to practice

as a _____ on _____
(state type of certification) (Initial certification date)

Initially Certified by: _____ Examination _____ other Evaluation (Please Explain)

Certificate/Recertification Expires: _____

BOARD SEAL

Signature _____ Date _____

Title _____

Board _____

Address _____

Telephone # _____