

Checklist for the Vermont Board

Candidate Name _____ **Application Date** _____
Candidate's AAS ID _____ **Referral** _____
Application Date _____

		Verified By	Verified By
Page 2	Name should be as like Passport		
	Agency Name should be filled		
	Nursing Education is completely filled		
Page 3	Practice Nursing is defined		
	Original License is defined		
	" No" checked for all questions in block 3		
	" No" checked for all questions in block 4		
	" No" checked for Q1. questions in block 5		
	Blank for Q. 2 questions in block 6		
Page 4	" Yes " checked for all questions in block 1		
	" Yes " checked for all questions in block 2		
	Keep the S.S.N. Blank		
	Signature id done and Date is blank		
Page 5	Application Section to filled up		
	Colleged filled up the required		
	Language of instruction is marked		
	mandatory for the verification		

Enclosed the following documents		
Transcript Copy (notarized - Optional)		
CGFNS Certificate Copy (if available)		
License Copy		
2 Photo 2" x 2" signed in back		
Copy of Passport (only to verify name purpose)		
NCLEX Registration Form		