Verifying Nursing License (Annually)

Go to **YOUR** state Board of Nursing and do a license search on yourself. Then print out and fax that information that information which will look something like this example from Missouri (FAX to 314-977-8949)

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Current Discipline Status: None



Missouri Division of Professional Registration

3605 Missouri Boulevard P.O. Box 1335 Jefferson City, MO 65102-1335 573.751.0293 Telephone 800.735.2966 TTY 800.735.2466 Voice Relay profreg@pr.mo.gov http://pr.mo.gov/ Profession Name: Registered Nurse
Address:
Address Con't:
City, State Zip:
County:
Practitioner DBA Name:
Certification Type:
Classification:

7/6/2010

4/30/2011

Single State

Licensee Name:

Licensee Number:

Expiration Date:

License Type:

Original Issue Date: