

License Reinstatement Application for Nursing

Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

License Information

Nursing License Number:

License Expiration Date:

Reason for Reinstatement:

Employment History

Recent Nursing Employment (if any):

Attestation

I hereby declare that the information provided is true and accurate to the best of my knowledge.

Signature:

Date:

Submit Application