

# 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**