



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

NURSING EMPLOYER REFERENCE FORM

INSTRUCTIONS

ENTER YOUR APPLICATION ID: _____

Application by Endorsement or Reinstatement

When applying for nursing licensure by endorsement or reinstatement, arrange for the Board office to receive this form when any of the following situations apply:

- You have been employed as *the same type of nurse for which you are applying* for at least the past six months.
- You have **not** been employed as *the same type of nurse for which you are applying* for at least the past six months **but** you graduated from your nursing program within the past two years (24 months), complete the *Nursing School Reference Form*.
- You have **not** been employed for at least the past six months **and** you did **not** graduate from nursing school within the past two years **but** you were employed as *the same type of nurse for which you are applying* within the past five years.

AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for Nursing licensure in the State of Delaware, I hereby authorize release of reference information about my Nursing employment at the facility named below.

APPLICANT SIGNATURE: _____ Date: _____

APPLICANT INFORMATION – To be completed by applicant

1. Type of Application: RN LPN APRN
2. Applicant Name: _____
Last First Middle
3. Address: _____
Street City State Zip
4. Social Security Number: _____
5. Phone: _____ Email: _____
6. Employer Name: _____
7. Employer Address _____
Street City State Zip

REFERENCE – To be completed by the Nursing Employer

8. Applicant is/was employed as an: LPN RN APRN Dates: From: _____ To: _____
9. Applicant is **currently** employed Yes No Average Number of Hours Worked Per Week: _____
10. Based on applicant's performance, would you recommend him or her for licensure? Yes No **If no, provide an explanation:** _____

11. Signature: _____ Title: _____
Printed name of person completing form: _____ Date: _____
12. Phone: _____ Email: _____

The Board Office will accept only forms it receives directly from the employer. FAXED FORMS WILL NOT BE ACCEPTED.