



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](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

## NURSING SCHOOL REFERENCE FORM

MAIL THIS FORM DIRECTLY TO THE BOARD OFFICE.

APPLICATION ID: \_\_\_\_\_

**INSTRUCTIONS** - Complete this form when applying for nursing licensure by examination.

### 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 education at the institution named below.

**APPLICANT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICANT INFORMATION – *To be completed by applicant*

- Type of Application:  RN  LPN  APRN
- Applicant Name: \_\_\_\_\_  
Last First Middle
- Address: \_\_\_\_\_  
Street City State Zip
- Social Security Number: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- School Name: \_\_\_\_\_
- School Address \_\_\_\_\_  
Street City State Zip

### REFERENCE – *To be completed by the Nursing School*

- Name of School \_\_\_\_\_
- Applicant's Graduation Date (mm/dd/yy): \_\_\_\_\_ Degree Awarded: \_\_\_\_\_
- Which program did the applicant complete?  RN Program  LPN Program
  - RN Program: Did the program provide *at least 400* hours of clinical experience? Yes  No
  - LPN Program: Did the program provide *at least 200* hours of clinical experience? Yes  No
- Printed Name of School Representative: \_\_\_\_\_
- Title of School Representative: \_\_\_\_\_
- Signature of School Representative: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***The Board Office will accept only forms it receives directly from the school. Faxed forms are not accepted.***