



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

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*

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. School Name: \_\_\_\_\_
7. School Address \_\_\_\_\_  
Street City State Zip

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

8. Name of School \_\_\_\_\_
9. Applicant's Graduation Date (mm/dd/yy): \_\_\_\_\_ Degree Awarded: \_\_\_\_\_
10. 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 ☐
11. Printed Name of School Representative: \_\_\_\_\_
12. Title of School Representative: \_\_\_\_\_
13. Signature of School Representative: \_\_\_\_\_
14. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***The Board Office will accept only forms it receives directly from the school. The Nursing School can email this form to: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov). Faxed forms are not accepted.***