



AFFIDAVIT OF SUCCESSFUL COMPLETION OF REVIEW COURSE FOR LICENSURE BY EXAMINATION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine your eligibility and/or qualifications for the license for which you are applying; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements.

Until you are issued a license, all data submitted on the application, except your name and address, are considered private data and will not be released to anyone other than Board of Nursing staff and its agents. When you become licensed, all data submitted on the application become public record. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

- Type or print clearly Use black ink Provide all information Incomplete forms will be returned Do not use initials or abbreviations

APPLICANT INFORMATION

Form with fields: LAST NAME, FIRST NAME, MIDDLE NAME, MAIDEN NAME, OTHER LAST NAME(S), PHONE NUMBER, STREET ADDRESS, CITY, STATE/PROVINCE, ZIP/POSTAL CODE, COUNTRY, E-MAIL ADDRESS, BIRTH DATE, GENDER. Includes a signature line and date field.

Applicant: Complete the Applicant Information section above and forward to Review Course provider for completion.

Review Course Provider: Complete Confirmation of Coursework and Affidavit sections below.

CONFIRMATION OF COURSEWORK

Form with fields: Name of Provider, Location (City, State), The above-named applicant completed coursework that (check only those that apply): Reviewed basic nursing knowledge, Addressed the context of care delivery, Focused on the professional nurse scope of practice, Focused on the practical nurse scope of practice. Date the course was completed.

AFFIDAVIT

The undersigned does hereby affirm that the statements contained in this application are true and correct. Signature of Provider, Title, Affix Seal Or Stamp (if available)