

**Office of Professional Regulation
Vermont Board of Nursing**

**Nursing Student Applicants for Nursing Assistant Licensure (LNA)
Verification of Education**

Directions: The verification of education form must be completed by the school. The school must send the completed verification form, signed, dated and affixed with the school stamp/seal directly to the Vermont Board of Nursing at 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402

Applicant Information

Name of Student/Applicant: _____	Date of Birth: _____ / _____ / _____ <small>MM DD YYYY</small>
I hereby authorize my nursing program to furnish to the Vermont Board of Nursing the information requested below.	
Signature: _____	Date: _____ / _____ / _____ <small>MM DD YYYY</small>

Information below to be completed by the School of Nursing

Is this student currently enrolled: Yes No

Dates of attendance (must have been within the past 2 years): _____ / _____ / _____ through _____ / _____ / _____
MM DD YYYY MM DD YYYY

If yes, did the student complete the following successfully:

	Content was Completed Successfully
Basic Nursing Skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Care Skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic Restorative Skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health & Psychosocial Skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication Skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing Team Member Skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has this student successfully completed at least 30 hours of clinical experience(s) in a health care facility (long-term care or hospital) with adult clients? Yes No

Name of Nursing School: _____	
Print Name: _____	Date: _____ / _____ / _____ <small>MM DD YYYY</small>
Position/Title: _____	Telephone Number: _____
Email address: _____	
Signature of Dean/Director/Chair: _____	