

Marshall University
College of Health Professions
School of Nursing
Validation of Unencumbered RN Licensure

I verify that _____

Social Security Number: _____ possesses a current unencumbered license to practice as a registered nurse in the state of

_____.

The license number is _____ and will expire on _____.

Name of RN Supervisor _____

Title _____

Place of Employment _____

Address _____

Phone _____

RN Supervisor Signature _____

Today's Date _____

Return this form with your application to

Graduate Admissions Office
Marshall University
100 Angus E Peyton Drive
South Charleston, WV 25303-1600