

Texas Board of Nursing
333 Guadalupe Street, Suite 3-460
Austin, Texas 78701
(512) 305-6838

VERIFICATION OF COURSE COMPLETION

Regarding: _____ License Number: _____
(Name of Licensed Vocational Nurse/Registered Nurse)

This is to certify that the above identified Nurse has successfully completed the course
entitled _____
(Name of Course)

_____ on _____
(Date)

Signature: _____

Title: _____

Name of Sponsoring Institution: _____

Telephone Number: _____

Should you have any questions, please do not hesitate to contact the Board's office at the above address or phone number.

**Return to: Monitoring
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