

STUDENT NAME: \_\_\_

## **State of New Hampshire**

## OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION

Board of Nursing 7 Eagle Square, Concord, NH 03301 Phone: 603-271-2152

## **LPN COMPARABLE EDUCATION VERIFICATION FORM**

(If you have been awarded an LPN degree, disregard this page.)

NURSING PROGRA					
<b>DIRECTIONS:</b> The Dire Please print clearly and Health Nursing, Matern	ector of Nursing must provide the details of the course content of the course	LPN exam using Comparable Education the following information and submit this the nursing courses. Fundamentals of Nursing are all requirements. LPNs are rion.	form directly to ursing, Medica	the NH Boar I / Surgical N	d of Nursing. ursing, Menta
NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE CODE	COURSE TITLE	COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
1		TOTAL HOURS =			
DIRECTOR OF NURSI	NO 010 NATURE		DATE	ı	