

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

## **RN COMPARABLE EDUCATION VERIFICATION FORM**

(If you have been awarded a RN degree, disregard this page.)

		applying for the RN exam using Compa			
lease print clearly an egree pursuant to NU	nd identify the course content of	the following information and submit the nursing courses that meet the ger ny additional "nursing" courses taken. I education.	eralist require	ments for a	registered nu
	NURSING COUR	SES SUCCESSFULLY CON	<b>MPLETE</b>	)	
COURSE CODE	COURSE TITLE	COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
		TOTAL HOURS =			
			1	1	
DIRECTOR OF NURSING SIGNATURE			DATE		