

GUAM BOARD OF NURSE EXAMINERS
Health Professional Licensing Office
Department of Public Health & Social Services
194 Hernan Cortez Avenue, Suite 213
Hagatna, Guam 96910-5052
(671) 735-7409

CERTIFICATE OF NURSING EDUCATION

The applicant below is applying for licensure by examination to practice nursing in Guam. Please complete the following information and **MUST BE SENT DIRECTLY** from School of Nursing to the Guam Board of Nurse Examiners at the address provided above. Official transcripts must be attached.

PART A: TO BE COMPLETED BY APPLICANT

1) CURRENT NAME: _____
(Last) (First) (Middle)

2) PREVIOUS NAME USED: _____
(Last) (First) (Middle)

I HEREBY AUTHORIZE RELEASE OF A COPY OF MY ACADEMIC RECORDS TO THE GUAM BOARD OF NURSE EXAMINERS

Applicant's Signature Date

PART B: TO BE COMPLETED BY THE NURSING SCHOOL ADMINISTRATOR:

1) NAME OF APPLICANT: _____
(Last) (First) (Middle)

2) SCHOOL OF NURSING: _____
(Name of Nursing Program)
Complete Address: _____

(City) (State/Country) (Zip/ Country Code)

3) Was the school Board-Approved during the applicant's enrollment? Yes No

If Yes, accredited or approved by whom: _____

4) Was applicant a graduate from high school or its equivalent? Yes No

5) The applicant entered the nursing education program on: _____
(Date)

and completed the _____ months program on _____
(Length) (Date)

6) Number of Theory Hours: _____ Number of Clinical Hours: _____

7) Attached is the OFFICIAL copy of applicant's transcripts.

Seal
of
School

Authorized Signature: _____
Print Name: _____
Position Title: _____
Date: _____

[ATTACHMENT A]