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 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]