

**PENNSYLVANIA STATE BOARD OF NURSING**  
NURSING EDUCATION VERIFICATION FORM

- ONLY COMPLETE SHADED AREA
- YOUR NAME MUST BE EXACTLY AS YOUR IDENTIFICATION.
- PLEASE HAND THIS FORM INTO MRS. COSTELLO

PLEASE PRINT CLEARLY!

Student Name: \_\_\_\_\_

First

Middle

Last

Date of Birth: \_\_\_\_\_  
2 digits - 2 digits - 4 digits

Cell Phone #: \_\_\_\_\_

**Last 4 numbers only** of the student's social security number

\_\_\_\_\_

Nursing Education Program Name: Widener University

Program Location: City    Chester, PA

Program Code: US25-55200

Type of Program: RN

Date student completed the nursing education program:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Degree Given: RN