

**Pro Re Nata (PRN)
Healthcare Staffing**

LICENSURE VERIFICATION

Consent by: _____

Pro Re Nata is hereby given permission to obtain written verification regarding the standing of my professional licensure including any past, current or pending disciplinary action.

Signature _____ Date _____

LISENSING BOARD

The individual whose name appears below has applied for a position as a per diem employee/provider with our company. Please provide a written confirmation regarding the standing of the license.

Has any past or current disciplinary action been taken or is any action pending against this nurse?

Yes No

If yes, please provide a copy of the order and any stipulations.

Name: _____ Social Security #: _____

State: _____ License #: _____ Exp. Date: _____

Signature: _____ Title: _____

Date: _____