

**Initial Licensed Practical Nurse, Grades Pre K-12 License Checklist**

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| Licensee’s Name:        | File Number:       |
| Application Date:       | Issue/Review Date:       |
| Consultant’s Name:  | License Type: 705 |

**Documents Required:**

[ ]  Social Security number provided, (Copy of card needs to be provided, if social not placed on application)

[ ]  Verification a current American Red Cross, American Heart Association or National Safety Council certification in CPR

[ ]  Verification a current First Aid

[ ]  Verification Completion of a state approved and/or nationally accredited program of study for practical nursing

[ ]  Verification of a Current LPN license issued by the NM Board of Nursing

[ ]  Verification of a minimum of 1 year of supervised clinical nursing experience outside of a school setting

[ ]  Superintendent Verification Form that an orientation was completed

**For office use only:**

[ ]  Email sent requesting:

[ ]  Level 1: 3 year license issued

Comments: