

**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: