

NURSING EDUCATION UPDATE

PLEASE NOTE: This form should be used to supply the Board with additional education information and not to change existing education. If you believe the Board has incorrect information on your record please check the appropriate box below.

Add Education Information

Update Incorrect Education Information

Date Submitted: _____

Current Name on Health License: _____

Rhode Island License Number: _____

School Type: (eg. College) _____

School Name and Location: _____

Date Graduated: - - (should not be in the future)

Degree/Certificate: _____

School Type: (eg. College) _____

School Name and Location: _____

Date Graduated: - - (should not be in the future)

Degree/Certificate: _____

School Type: (eg. College) _____

School Name and Location: _____

Date Graduated: - - (should not be in the future)

Degree/Certificate: _____

Mail form to:

Rhode Island Department of Health
Education Update
Room 105
3 Capitol Hill
Providence, RI 02908-5097