

**Board of Nursing for the State of Texas  
PO Box 430  
Austin, Texas 78767-0430**

**Licensure Eligibility Notification Form**

I hereby verify that I have received and have had the following documents regarding licensure eligibility for registered professional nurses in Texas explained to me:

- 1) §301.257, §301.252, §301.253, and §§301.452 -301.454 of the Nursing Practice Act.
- 2) Rules 213.27 - 213.30 of the Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice.
- 3) Rules 217.11 and 217.12 of the Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice.
- 4) Declaratory Order Request Form.

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Student Name

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Social Security #      Date of Birth

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Signature      Date Signed