

**NEW MEXICO BOARD OF NURSING  
ATTESTATION OF PRACTICE AS A LICENSED  
PRACTICAL/ REGISTERED NURSE**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I \_\_\_\_\_, born on \_\_\_\_\_, swear and affirm as follows: *(Full Legal Name)*  
*(mm/dd/yyyy)*

1. That I completed my basic nursing program in \_\_\_\_\_.  
*(Country)*
2. That I am licensed to practice as a nurse in \_\_\_\_\_.  
*(Country)*
3. That my credentials, amongst which are my official transcript(s), diploma(s) or degree certificate(s), and nursing license, have been evaluated by a duly authorized credentialing institution and deemed equivalent to a \_\_\_\_\_ in the United States.  
*(Licensed Practical Nurse or Registered Nurse)*
4. That the credentialing institution has been authorized and instructed to prepare, issue, and provide a report regarding my qualifications as a nurse to the New Mexico Board of Nursing.
5. That I have practiced as a \_\_\_\_\_ in \_\_\_\_\_  
*(Licensed Practical Nurse or Registered Nurse)* *(Country)*  
for \_\_\_\_\_ year(s) \_\_\_\_\_ month(s), and that my license has never been subject to disciplinary action or any reason.
6. That I have never taken the NCLEX or I have taken it \_\_\_\_\_ number times in the following jurisdictions. \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

I swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Print Name *(Full Legal Name)*

\_\_\_\_\_  
Signature *(Full Legal Name)*

\_\_\_\_\_  
Date