



GEORGIA BOARD OF NURSING
237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825
www.sos.ga.gov/plb/nursing

Criminal Background Consent Form		
Last Name:	First Name:	
Middle Name:	Previous Name(s):	
Social Security Number:	Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Physical Address:		
City:	State:	Zip:

I hereby authorize the Georgia Board of Nursing ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Applicant Signature

Date

- THIS FORM MUST NOT BE SIGNED ELECTRONICALLY -