



# TEXAS BOARD OF NURSING

333 Guadalupe, Tower 3, Ste 460

Austin, Texas 78701

512/305-7400 Voice – 512/305-7401 Fax

Web Address: [www.bon.state.tx.us](http://www.bon.state.tx.us)

## Electronic Nurse File Order Form

*This product has replaced the Board's Computerized List Product.*

The complete electronic list of the Registered Nurse database **OR** the Licensed Vocational Nurse database **OR** the Advanced Practice Nurse database contains nurses who have been issued a license in Texas. The options, by listing, are the entire database or only Currently Licensed Nurses. Each database is split into a set of files containing 60,000 records or less per file. The files are pipe delimited, fix length, text based and sorted by last name. The files can be imported/loaded, searched and manipulated using standard PC software (Excel, Lotus, Word, Word Perfect). The best source of information on how to perform these function is your software reference manual or help menu item within the software application.

Due to the size and quantity of file, the Board will not email or FTP the files. The database and a copy of the file layout will be mailed to you on a CD-ROM.

### Instructions:

- Please complete this form carefully and mail it to the Texas Board of Nursing with payment to the address above.
- Credit cards can not be accepted. Make all checks or money orders payable to the Texas Board of Nursing.
- Please allow up to 10 days from receipt of your payment for processing.
- All prices include Shipping and Handling by UPS Ground Service.
- Order can not be expedited or shipped via overnight services.

| Qty | Description  | Price   | Amount |
|-----|--|---------|--------|
|     | Advanced Practice Nurse - Entire Database regardless of Status<br>(approx. 17,000 records)   | \$65.00 |        |
|     | Advanced Practice Nurse - All Currently Recognized APNs<br>(approx. 12,000 records)          | \$65.00 |        |
|     | License Vocational Nurse - Entire Database regardless of Status<br>(approx. 211,000 records) | \$65.00 |        |
|     | Licensed Vocational Nurse - All Currently Licensed LVNs<br>(approx. 82,000 records)          | \$65.00 |        |
|     | Registered Nurse - Entire Database regardless of Status<br>(approx. 360,000 records)         | \$65.00 |        |
|     | Registered Nurse - All Currently Licensed RNs<br>(approx. 200,000 records)                   | \$65.00 |        |
|     | Total Amount Enclosed  |         |        |

|                  |  |
|------------------|--|
| Mail to:         |  |
| Address:         |  |
| Address:         |  |
| City, St,<br>Zip |  |
| Phone:           |  |
| Email:           |  |

# Registered Nurse and Licensed Vocational Nurse - Electronic Files Layout

| Field Label                                 | Field Size<br>(character) | Starting Position | Ending Position |
|---|---------------------------|-------------------|-----------------|
| License Number                              | 6                         | 1                 | 6               |
| filler - pipe delimiter                     | 1                         | 7                 | 7               |
| Last Name                                   | 30                        | 8                 | 37              |
| filler - pipe delimiter                     | 1                         | 38                | 38              |
| First Name                                  | 18                        | 39                | 56              |
| filler - pipe delimiter                     | 1                         | 57                | 57              |
| Middle Name                                 | 18                        | 58                | 75              |
| filler - pipe delimiter                     | 1                         | 76                | 76              |
| Mailing Address Line 1                      | 30                        | 77                | 106             |
| filler - pipe delimiter                     | 1                         | 107               | 107             |
| Mailing Address Line 2                      | 30                        | 108               | 137             |
| filler - pipe delimiter                     | 1                         | 138               | 138             |
| Mailing Address Foreign Line                | 33                        | 139               | 171             |
| filler - pipe delimiter                     | 1                         | 172               | 172             |
| Mailing Address City                        | 23                        | 173               | 195             |
| filler - pipe delimiter                     | 1                         | 196               | 196             |
| Mailing Address State                       | 2                         | 197               | 198             |
| filler - pipe delimiter                     | 1                         | 199               | 199             |
| Mailing Address Zip code                    | 5                         | 200               | 204             |
| filler - pipe delimiter                     | 1                         | 205               | 205             |
| Date of Birth (MMDDYYYY)                    | 8                         | 206               | 213             |
| filler - pipe delimiter                     | 1                         | 214               | 214             |
| Gender                                      | 1                         | 215               | 215             |
| filler - pipe delimiter                     | 1                         | 216               | 216             |
| Ethnicity                                   | 20                        | 217               | 236             |
| filler - pipe delimiter                     | 1                         | 237               | 237             |
| License Status                              | 30                        | 238               | 267             |
| filler - pipe delimiter                     | 1                         | 268               | 268             |
| License Status Date (MMDDYYYY)              | 8                         | 269               | 276             |
| filler - pipe delimiter                     | 1                         | 277               | 277             |
| Texas License Issuance Date (MMDDYYYY)      | 8                         | 278               | 285             |
| filler - pipe delimiter                     | 1                         | 286               | 286             |
| County of Residence                         | 20                        | 289               | 306             |
| filler - pipe delimiter                     | 1                         | 307               | 307             |
| Employment Status                           | 30                        | 308               | 337             |
| filler - pipe delimiter                     | 1                         | 338               | 338             |
| Primary Practice Setting                    | 30                        | 339               | 368             |
| filler - pipe delimiter                     | 1                         | 369               | 369             |
| Primary Practice Position Type              | 30                        | 370               | 399             |
| filler - pipe delimiter                     | 1                         | 400               | 400             |
| Primary Specialty                           | 30                        | 401               | 430             |
| filler - pipe delimiter                     | 1                         | 431               | 431             |
| Highest Degree                              | 30                        | 432               | 461             |
| filler - pipe delimiter                     | 1                         | 462               | 462             |
| Basic Nursing Education                     | 30                        | 463               | 492             |
| filler - pipe delimiter                     | 1                         | 493               | 493             |
| Current Advanced Practice Recognition (Y/N) | 1                         | 494               | 494             |

# Registered Nurse and Licensed Vocational Nurse - Electronic Files Layout

| <b>Field Label</b>                                      | <b>Field Size<br/>(character)</b> | <b>Starting Position</b> | <b>Ending Position</b> |
|---|-----------------------------------|--------------------------|------------------------|
| filler - pipe delimiter                                 | 1                                 | 495                      | 495                    |
| State of Original Licensure                             | 2                                 | 496                      | 497                    |
| filler - pipe delimiter                                 | 1                                 | 498                      | 498                    |
| Date of Last Renewal (MMDDYYYY)                         | 8                                 | 499                      | 506                    |
| filler - pipe delimiter                                 | 1                                 | 507                      | 507                    |
| Date of Last Update (MMDDYYYY)                          | 8                                 | 508                      | 515                    |
| filler - pipe delimiter                                 | 1                                 | 516                      | 516                    |
| Current Board Action (Y/N)                              | 1                                 | 517                      | 517                    |
| filler - pipe delimiter                                 | 1                                 | 518                      | 518                    |
| Date of Board Action Imposed (MMDDYYYY)                 | 8                                 | 519                      | 526                    |
| filler - pipe delimiter                                 | 1                                 | 527                      | 527                    |
| Name of Basic Nursing School                            | 50                                | 528                      | 577                    |
| filler - pipe delimiter                                 | 1                                 | 578                      | 578                    |
| State of Basic Nursing School                           | 2                                 | 579                      | 580                    |
| filler - pipe delimiter                                 | 1                                 | 581                      | 581                    |
| Entry Date into Basic Nursing School<br>(MMDDYYYY)      | 8                                 | 582                      | 589                    |
| filler - pipe delimiter                                 | 1                                 | 590                      | 590                    |
| Graduation Date from Basic Nursing School<br>(MMDDYYYY) | 8                                 | 591                      | 598                    |

| Field Label                                    | Field Size<br>(character) | Starting Position | Ending Position |
|--|---------------------------|-------------------|-----------------|
| License Number                                 | 6                         | 1                 | 6               |
| filler - pipe delimiter                        | 1                         | 7                 | 7               |
| Last Name                                      | 30                        | 8                 | 37              |
| filler - pipe delimiter                        | 1                         | 38                | 38              |
| First Name                                     | 18                        | 39                | 56              |
| filler - pipe delimiter                        | 1                         | 57                | 57              |
| Middle Name                                    | 18                        | 58                | 75              |
| filler - pipe delimiter                        | 1                         | 76                | 76              |
| Mailing Address Line 1                         | 30                        | 77                | 106             |
| filler - pipe delimiter                        | 1                         | 107               | 107             |
| Mailing Address Line 2                         | 30                        | 108               | 137             |
| filler - pipe delimiter                        | 1                         | 138               | 138             |
| Mailing Address Foreign Line                   | 33                        | 139               | 171             |
| filler - pipe delimiter                        | 1                         | 172               | 172             |
| Mailing Address City                           | 23                        | 173               | 195             |
| filler - pipe delimiter                        | 1                         | 196               | 196             |
| Mailing Address State                          | 2                         | 197               | 198             |
| filler - pipe delimiter                        | 1                         | 199               | 199             |
| Mailing Address Zip code                       | 5                         | 200               | 204             |
| filler - pipe delimiter                        | 1                         | 205               | 205             |
| Date of Birth (MMDDYYYY)                       | 8                         | 206               | 213             |
| filler - pipe delimiter                        | 1                         | 214               | 214             |
| Gender   | 1                         | 215               | 215             |
| filler - pipe delimiter                        | 1                         | 216               | 216             |
| Ethnicity                                      | 20                        | 217               | 236             |
| filler - pipe delimiter                        | 1                         | 237               | 237             |
| County of Residence                            | 20                        | 238               | 257             |
| filler - pipe delimiter                        | 1                         | 258               | 258             |
| APN Category                                   | 40                        | 259               | 298             |
| filler - pipe delimiter                        | 1                         | 299               | 299             |
| APN Sub-Catergory                              | 50                        | 300               | 349             |
| filler - pipe delimiter                        | 1                         | 350               | 350             |
| APN Sub-Catergory Other                        | 25                        | 351               | 375             |
| filler - pipe delimiter                        | 1                         | 375               | 376             |
| APN Status                                     | 40                        | 377               | 416             |
| filler - pipe delimiter                        | 1                         | 417               | 417             |
| APN Expiration Date                            | 8                         | 418               | 425             |
| filler - pipe delimiter                        | 1                         | 426               | 426             |
| APN Approval Date                              | 8                         | 427               | 434             |
| filler - pipe delimiter                        | 1                         | 435               | 435             |
| APN Prescriptive Authorization Number          | 10                        | 436               | 445             |
| filler - pipe delimiter                        | 1                         | 446               | 446             |
| APN Prescriptive Authorization Status          | 40                        | 447               | 486             |
| filler - pipe delimiter                        | 1                         | 487               | 487             |
| APN Prescriptive Authorization Expiration Date | 8                         | 488               | 495             |
| filler - pipe delimiter                        | 1                         | 496               | 496             |
| APN Prescriptive Authorization Approval Date   | 8                         | 497               | 504             |