

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Tel: (225) 755-7500 Fax: (225) 755-7581

www.lsbn.state.la.us

INSTRUCTIONS FOR CONVERSION OF LOUISIANA RN LICENSE TO MULTISTATE LICENSE

Louisiana is a member of the Nurse Licensure Compact (NLC). We are pleased that you are applying to convert your current Registered Nurse (RN) license in Louisiana to a compact/ multistate RN license. You must declare Louisiana as your primary state of residence and have a current Louisiana RN license to apply for conversion to a multistate license. After the Board grants the multistate license, the RN can then engage in nursing practice in any of the NLC states without having to obtain additional licenses. You must practice according to the Nurse Practice Act within the state in which you practice.

Applications for licensure are online through Louisiana's Nurse Portal at: <https://lsbn.boardsofnursing.org/lsbn>.

****From the portal on the dashboard page/your home page, select “Other Applications” to access the application for Conversion of RN License to Multistate License****

During the application process, be prepared to submit the following mandatory components:

- ▶ payment of fees via credit card;
- ▶ declare and attest as to which state is your primary state of residence (PSOR);and
- ▶ send to the LSBN office the completed criminal background check (CBC) packet.

If your primary state of residence is **not** Louisiana, you are **not eligible** for a multistate license to be issued by Louisiana's Board of Nursing. Multistate licenses can only be issued by the agency in your primary state of residence that regulates nursing. If you move, you must apply for the multistate license in your new primary state of residence.

The multistate license will provide nurses with the “privilege to practice” in any compact state whether they are going to that state in-person or practicing via telehealth from Louisiana with a patient located in another compact state. The multistate license does not provide nurses with the privilege to practice in any non-compact state. You can see a map of the states, including NLC states, at <https://www.ncsbn.org/nurse-licensure-compact.htm>.

Only submit an application if you meet all eligibility criteria listed below as **all fees are non-refundable**. The application fee is \$50 and the fee for the required criminal background check is \$39.25 (and is subject to change periodically).

You will be notified through the message center in the Nurse Portal when the application has been approved or if additional information is required. Check the Nurse Portal for status updates as well as the email entered as the username in the Nurse Portal for correspondence. Any additional information needed and approval letters will be sent only through the Nurse Portal or to the email address associated with the Nurse Portal account.

The following includes important information about the multistate licensure and instructions to apply for conversion of your current, active RN license in the State of Louisiana to a multistate RN license. You are expected to complete all applications and forms carefully, correctly, and accurately. Incorrect or incomplete applications will delay conversion of the license. Falsifying applications is illegal. If your primary state of residence is Louisiana and you have *never* been licensed in Louisiana as an RN, please see the separate instructions and forms on how to apply for initial RN licensure by Examination or Endorsement on the LSBN website or in the LSBN Nurse Portal. If you were previously licensed as an RN in Louisiana, but that license is inactive/lapsed, instructions and forms on how to apply for Reinstatement are also available on the LSBN website and in the LSBN Nurse Portal.

SECTION A: ELIGIBILITY CRITERIA

An applicant for licensure in a state that is part of the NLC must meet the following uniform licensure requirements:

1. Meets the requirements for licensure in the home state (i.e. Louisiana);
2. A. Has graduated from a board-approved education program; or B. Has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
3. Has passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language);
4. Has passed an NCLEX-RN® or NCLEX-PN® Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has no state or federal felony convictions;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number; and
12. Declare Louisiana as your primary state of residence if you request to be issued a multistate license from Louisiana.

****Records submitted at the time you were licensed may no longer be available for review by Board staff. Therefore, to determine whether you meet the requirements for the multistate license, Board staff may request additional information. In some cases, this will include but not be limited to: an official transcript; verification of international education by an independent credentials review agency; English proficiency examination results; or licensure verification information from another jurisdiction. **Only submit an application if you meet all requirements listed – application fees are non-refundable.** You must submit completed application with fees and all other required documents within one (1) year of having submitted the application.

SECTION B: BACKGROUND CHECK

You must submit to a **criminal background check** (CBC) as part of the licensure process and as authorized under the Nurse Practice Act, Louisiana Revised Statutes 37:920.1. The CBC packet along with a copy of your receipt of payment must be submitted *directly to the LSBN via postal mail after you have* submitted the RN conversion application. A complete CBC packet consists of: two (2) CBC authorization forms and two (2) FBI fingerprint cards.

NOTE – *If* you wish to have your fingerprints scanned – in person (LiveScan) at the LSBN office, bring a copy of your receipt generated after you successfully completed and submitted your RN conversion application online. Bring an additional \$10.00 fee. Only a Money Order *or* Bank Cashier's Check are accepted. LiveScan fingerprinting must be completed before 3:00 pm central standard time (CST). The LSBN office opens at 8:30 am (CST) and closed for all state and federal holidays. You must have submitted the application electronically prior to presenting for the LiveScan.

SECTION C: MULTISTATE LICENSE INFORMATION

1. Multistate licenses can only be issued by states that are a member of the NLC. Multistate licenses must be issued by the regulatory agency in the primary state of residence. The nurse is responsible for knowing if a license issued is a single state or multistate license. You may verify the status of your license(s), including if the license is a single state or multistate, through Nursys.com using the Quickconfirm option.
2. See the articles available in The Examiner for more information about single state vs multistate licenses: <http://www.lsbns.state.la.us/Portals/1/Documents/Examiners/ExaminerNo22019.pdf>.
3. You are responsible for knowing and adhering to the Nurse Practice Act, laws, and rules of the state in which you practice.
4. Disqualifying events result in a nurse becoming disqualified from or ineligible to retain or renew a multistate license which include but are not limited to:
 - ◆Adverse actions that result in an encumbrance (i.e. suspension or probation of a license);
 - ◆Participation in an alternative program;
 - ◆Misdemeanor offense, including an agreed disposition, related to the practice of nursing as determined by the board;
 - ◆Felony offense, including an agreed disposition.

The Board office must be notified in writing of anything that changes or affects a response given in your application including the occurrence of a disqualifying event during the time you hold a multistate license issued by LSBN.

5. If your primary state of residence changes, you cannot hold a multistate license issued by Louisiana. You must apply for licensure in your new primary state of residence.
6. You are responsible for knowing and adhering to the continuing education and renewal requirements of the state(s) which issued your license(s).

SECTION D: RENEWAL/LICENSE EXPIRATION

The obligation and requirements to renew the RN license remain effective even if staff has not made the final determination on the conversion application during the renewal period. The conversion application is not a replacement for the renewal application. The expiration date of the multistate license will remain the same as your current RN license if the conversion application is approved and converted. Check your license expiration date carefully, as you are responsible for renewing before the expiration date to maintain an active license. Renewals are biennial (every 2 years). All licenses expire January 31st if not successfully renewed online by the nurse prior to the expiration

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Attention Licensure Departments (Conversion)

Supplemental Documentation Required for Processing of Conversion Application

***Send this form along with the supplemental paper documents below in order to continue processing your application.

Applicant Name:	
Social Security Number:	
Telephone Number:	

Attn: Licensure Departments (Conversion)

- I have submitted an **electronic** Conversion Application via the online Louisiana Nurse Portal.
- I am submitting, as required, the following original **paper** documents:
 - Form CBC1(a) Authorization for Criminal Background Check (CBC – Page I) and Form CBC1(b), Authorization for Criminal Background Check (CBC – Page II).
 - Two completed Fingerprint Cards (not required if completing Live-Scan Fingerprinting at the office)
Note: Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the law enforcement agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (1st) FBI card, then scan your hands again to print your fingerprints on the second (2nd) FBI card.
 - \$10 Bank Cashier's Check or Money Order (required if completing Live-Scan Fingerprinting at our office)

Signature of Applicant

Date

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REQUEST CORRECTION TO APPLICATION

Complete and submit this form if you have submitted an application online that is currently being processed **and** you have made an error in completion of that application and are requesting to make a correction to the information provided. ***Do not submit this form if you submitted the wrong application or wish to revise your response to eligibility questions #1-20.*** You may be asked to provide additional supporting documentation to support your request. Applicants are expected to complete all applications and forms carefully, correctly, and accurately. Incorrect or incomplete applications will delay processing of an application. Falsifying applications is a violation of the Louisiana Nurse Practice Act and LSBN Rules.

*** Submit this form by composing and sending a message through the **Message Center** in your **Louisiana Nurse Portal** account. Select the application type as the topic of the message and upload this completed document as an attachment when sending the message.

Name: _____ Date of Birth: _____

Last 4 digits of social security#: _____

Application type submitted with an error (i.e. endorsement, student clinical, etc.): _____

Select One:

- I am requesting to revise an error in my request for controlled substance privileges.
- I am requesting to revise an error in my demographic information (i.e. spelling of name, date of birth, etc.).
- I am requesting to revise an error in my _____.

All applicants must provide specific details below regarding the error made and correction requested:

Signature of Applicant

Date

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FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

- 1) **Authorization Forms:** Complete, sign and date **both** of the following CBC authorization forms and submit to LSBN together with the appropriate licensure application (if applicable), fees, and two (2) fingerprint FBI cards:

* **CBC1a:** [Authorization for Criminal Background Check – Page I](#)

* **CBC1b:** [Authorization for Criminal Background Check – Page II](#)

***Students submit completed cards to the office of your program head.**

Fingerprinting: Contact your campus security (if you are a student) or state or local police/sheriff's office to inquire about their procedures, fees and locations for fingerprinting services. You must be fingerprinted by a law enforcement official onto **two (2)** official Federal Bureau of Investigation (FBI) fingerprint cards. **If** your local law enforcement office does not have blank FBI cards, print paper cards to bring to the law enforcement office for fingerprinting at <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>. If providing the CBC fingerprints cards & authorization sheets to apply for initial licensure (including out of state exam applicants) or reinstatement in Louisiana, they **must** accompany a copy of your receipt after applying for licensure online through the Nurse Portal: <https://lsbn.boardsfnursing.org/>.

- Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the law enforcement agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (1st) FBI card, then scan your hands again to print your fingerprints on the second (2nd) FBI card.
- The following suggestions may improve the quality of your fingerprints to ensure LSBN receives the results of your CBC promptly:
 - Hands must be clean and dry. Wash your hands vigorously with warm water and dry thoroughly immediately prior to being fingerprinted.
 - If hands are very dry or cracked, wash hands and apply a touch of moisturizer onto fingertips, removing any excess lotion with paper towel prior to being fingerprinted. This may help raise the ridges for printing.
- L.A.C.46:XLVII.3330 J-K states:
 - *If the fingerprints are returned from the Department of Public Safety as inadequate or unreadable, the applicant, or licensee must submit a second set of fingerprints and fees, if applicable, for submission to the Department of Public Safety.*
 - *If the applicant or licensee fails to submit necessary information, fees, and/ or fingerprints, the applicant or licensee may be denied licensure on the basis of an incomplete application or, if licensed, denied renewal, until such time as the applicant or licensee submits the applicable documents and fee.*
- View both FBI cards *before* you leave the facility where you're being fingerprinted. If any of the fingerprints are outside the boxes, appear too light, too dark, or obviously smudged, have the technician prepare an extra set of cards and submit **both sets** (all four cards) along with your forms. **Protect both FBI cards from smudges. Do not fold or staple. Do not submit 2 copies of the same prints.**
- **All fingerprint cards must be signed by the applicant/nurse with all sections filled out completely with the exception of the "employer and address" section.**
- Individuals who are *already licensed Registered Nurses* may opt to have fingerprints scanned in person at the LSBN office ('LiveScan') by board staff instead of submitting paper FBI cards. 'LiveScan' fingerprinting must be completed before 3:00 pm central standard time (CST). The LSBN office opens at 8:30 am (CST) but closed for all state and federal holidays. Please arrive at the LSBN office by midday to allow sufficient time for processing if using the 'LiveScan' CBC option. The nurse must have submitted the completed application online through the Louisiana Nurse Portal prior to arriving for 'LiveScan' fingerprinting.

2) **Fees due LSBN for CBC:**

- \$39.25 – Paid electronically with submission of your application through the Nurse Portal; and an additional \$10.00 – Payable to Louisiana State Board of Nursing (LSBN) only if coming in person to the LSBN office for the 'LiveScan' service. (Available to **Licensed Registered Nurses only**).

The additional fee for LiveScan must be paid by Money Order or Bank Cashier's Check payable to LSBN

NOTE: If you are submitting to a CBC because you are applying for licensure or permission to enroll in clinical nursing courses, please read the **application instructions** carefully regarding payment of fees. Some application instructions will provide a 'total fee' to submit along with the application which may include the CBC fee noted above.

***Criminal history records check is authorized under the Nurse Practice Act, **Louisiana Revised Statutes 37:920.1**

Authorization for Criminal Background Check (CBC) – Page I

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****
******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

*****PLEASE PRINT (except Signature) – USE BLUE OR BLACK INK WHEN FILLING OUT THIS FORM *****

Criminal history records check is authorized under the Nurse Practice Act, Louisiana Revised Statutes 37:920.1.

See instructions for submission of fees.

Louisiana State Board of Nursing

FACILITY OR AGENCY

Patricia A. Dufrene, PhD, RN

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

Monique Calmes, APRN, FNP-BC

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

17373 Perkins Road

MAILING ADDRESS

SIGNATURE OF LSBN AUTHORIZED REPRESENTATIVE

Baton Rouge, LA

CITY STATE

70810

ZIP CODE

(225) 755-7500

FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- CASA
- CONCEALED HANDGUNS
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DEPARTMENT OF LABOR
- DEPARTMENT OF PUBLIC SAFETY
- EMPLOYERS
- FIREFIGHTERS
- GAMING
- HEALTH CARE PROVIDER
- IMMIGRATION
- JUVENILE DETENTION CENTER
- DEPARTMENT OF INSURANCE
- MANUFACTURED HOUSING
- MEDICAL EXAMINERS
- OCS FOSTER/ADOPTIVE
- OCS PERSONNEL

- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- PHARMACY BOARD
- POSTSECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- PUBLIC TAG AGENT
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIVERBOAT PILOTS
- SCHOOL
- SENATE AND GOVERNMENTAL AFFAIRS
- TAXI DRIVERS
- USED MOTOR VEHICLE COMMISSION
- VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS

**** Please print all except Signature ****

APPLICANT NAME:

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME (if different)
{Provide any and all 'other' Last Names held which are not listed above in the bottom margin of this page}

APPLICANT SIGNATURE: _____

APPLICANT SOCIAL SECURITY # ____ - ____ - ____ DATE OF BIRTH: ____ / ____ / ____

DRIVERS LICENSE #: _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states' files, FBI and/or international files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

FORM NBR: CBC – 1a

Authorization for Criminal Background Check (CBC) – Page II

**APPLICANT PROCESSING-DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
P.O. BOX 66613 (MAIL SLIP A-6)**

LSPAPPR/R8.03

LOUISIANA STATE BOARD OF NURSING

AGENCY

NOTICE:

PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSON SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.

17373 Perkins Road

MAILING ADDRESS

Baton Rouge

CITY

LA

STATE

70810

ZIP CODE

Provide/print the following information below:

APPLICANT'S FULL NAME (print)

_____/_____/_____
DATE OF BIRTH

_____/_____
RACE SEX

SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

DO NOT WRITE BELOW THIS LINE: (FOR BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION USE ONLY)

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW