

# 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](http://www.lsbn.state.la.us)

## INSTRUCTIONS FOR APPLYING FOR RN LICENSURE BY ENDORSEMENT

We are pleased that you are requesting licensure as a Registered Nurse (RN) in Louisiana. You may not practice as an RN or utilize any associated titles in Louisiana until after the Louisiana State Board of Nursing (LSBN) has issued a RN license to you or you must have a privilege to practice under a multistate license issued by the nursing regulatory agency in your primary state of residence.

Louisiana is a member of the Nurse Licensure Compact (NLC). You must declare Louisiana as your primary state of residence to be eligible for consideration for a multistate license. After LSBN 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. If you are not granted a multistate license and you receive a single state license from LSBN, you are only authorized to practice in Louisiana.

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

This application is for RN Licensure by Endorsement. Please read all instructions before completing your application. **Only submit an application if you meet the eligibility criteria listed considering application fees are non-refundable.**

By submitting the application for licensure, you are attesting that you have read and understand the Louisiana Nurse Practice Act (NPA) and Rules and Regulations that govern licensure in Louisiana. The NPA and Rules and Regulations may be accessed on our website at [www.lsbn.state.la.us](http://www.lsbn.state.la.us).

During the online application process, be prepared to:

- ▶ upload a copy of a current government issued photo ID in PDF format;
- ▶ if Louisiana is your primary state of residence (PSOR), upload a PDF copy of evidence of your PSOR which includes one of the following:
  - ◆ current, unexpired Louisiana driver's license with a home address;
  - ◆ current federal income tax return with a primary state of residence declaration (page 1 only);
  - ◆ military form no. 2058 (state of legal residence certificate);
- ▶ upload documents in PDF format that are associated with any "yes" response to compliance questions if applicable (i.e. documents related to past arrests, documents related to malpractice payouts, court documents, etc.);
- ▶ pay fees via credit card;
- ▶ send to the LSBN office via US postal mail the completed CBC packet and affidavit of verification described below in Section B.

**Application fees are non-refundable.** The application fee is \$100, the fee for a temporary permit is \$100, 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.

**NOTE:** Louisiana nursing licenses initially issued are **calendar** year licenses. Check your license expiration date carefully, as you are responsible for renewing before the expiration date to maintain an active license. Subsequent renewals are biennial (every 2 years). All licenses expire January 31<sup>st</sup> if not successfully renewed online by the nurse prior to the expiration date.

The following are instructions to apply for RN licensure in the State of Louisiana **by endorsement**. You are expected to complete all applications and forms carefully, correctly, and accurately. Incorrect or incomplete applications will delay licensure. Falsifying applications is illegal. If you have *never* been licensed as an RN *in another U.S. State*, please see the separate instructions and forms on how to apply for initial RN licensure by Examination 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 or retired,

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 FOR RN LICENSURE BY ENDORSEMENT**

1. Applicant must possess a current/valid, unrestricted RN license in another US state, territory, or country;
2. Applicant must possess current RN licensure issued directly from the jurisdiction of last employment;
3. Applicant must have successfully completed a nursing education program approved by the Board or completed a nursing program that meets or exceed the educational standards for programs in Louisiana;
4. Applicant has successfully passed the NCLEX-RN Examination or recognized predecessor;
5. Applicant must have no grounds for or pending disciplinary action by any nursing or other health regulatory board in any US state or in a country outside the US;
6. Applicant must have no pending civil or criminal charges in any US state or in a country outside the US;
7. Applicant must evidence of proficiency in the English language if a graduate of a nursing program offered internationally;
8. Graduates from nontraditional programs that did not include a faculty supervised clinical component (such as Excelsior and Deaconess College), must also:
  - a. Provide documentation supporting the equivalency of six (6) months to one (1) year full-time clinical experience as a **RN** in a staff position under RN supervision in another US state;

**AND**

  - b. Have three (3) letters of recommendation for licensure submitted to LSBN. Each letter should be typed, dated and signed by your current/previous RN supervisor/employer(s) attesting to your '*satisfactory clinical performance*', provide verification of RN employment dates and supervisor's contact information.
9. Applicant must have been issued a United States Social Security Number (SSN). Social insurance numbers from Canadian Provinces are not accepted.
10. In order to be eligible for a multistate license issued by Louisiana, the applicant must meet the criteria above **and** all of the following:
  - a. Have no state or federal felony convictions;
  - b. Have no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
  - c. Not be currently a participant in an alternative program;
  - d. Be required to self-disclose current participation in an alternative program; and
  - e. Declare Louisiana as your primary state of residence.

### **SECTION B: REQUIREMENTS FOR COMPLETING THE APPLICATION**

1. Applicant must submit completed application for endorsement, fees and other required documents within one (1) year of LSBN having submitted the application. If the applicant or licensee fails to submit necessary information, fees, fingerprints, forms or other requested and required documents, the applicant may be denied licensure;
2. Applicant must request verification of RN licensure be submitted directly to the LSBN office from the state of licensure, as follows:
  - i. From the original state where nursing board examination was taken (even if that RN license has expired) **AND**
  - ii. From the current state/province/country from the jurisdiction of last employment at the time the endorsement application is submitted to LSBN. If you are currently unemployed, official verification is required from the state BON where you last worked or where your last RN license was issued. **If** your

current/active RN license is also your original licensure by examination, then only one (1) official verification is required.

\*\*\*You must utilize the NurSys.com electronic RN licensure verification system. If the state BON does not participate in Nursys.com, utilize the form for Verification of Nursing License at <http://www.lsbns.state.la.us/Portals/1/Documents/orbs/END2VerificationNonNurSysState.pdf>.

3. Applicant must submit an original, signed, notarized **Affidavit of Verification** sent directly to the LSBN office via US postal mail. Obtain the form at <http://www.lsbns.state.la.us/Portals/1/Documents/Forms/AffadavitofVerificationRN.pdf>;

4. Applicant 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. Obtain the forms and instructions at <http://www.lsbns.state.la.us/Portals/1/Documents/orbs/ENDFingerprintAuthorizationsForm.pdf>.

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 application. A complete CBC packet consists of: two (2) CBC authorization forms and two (2) FBI fingerprint cards. If the fingerprints are determined to be of low quality or returned from the Department of Public Safety as inadequate or unreadable, the applicant must submit an additional set of fingerprints and fees, if applicable, for submission to the Department of Public Safety.

**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.

5. Applicant must submit a copy of a current/valid government issued photo identification (i.e. US Residency Card or Green Card, passport or driver's license) which is required to be electronically uploaded during the application process.

### **SECTION C: RN TEMPORARY PERMITS**

LSBN offers a 90 day temporary endorsement permit, for an additional fee (see "FEES" below), that allows the applicant to practice nursing in Louisiana until full RN licensure can be issued. The permit does not authorize practice in any other state or jurisdiction.

1. A 90 day temporary endorsement permit may be requested by individuals who:

- Submit the request and submit the payment with the electronic endorsement application;
- Reside in and plan to work in the state of Louisiana;
- Hold a current/active and unencumbered RN license from another US state or jurisdiction;
- Obtained a RN nursing degree from an accredited (or board of nursing approved) diploma, associate degree, baccalaureate and/or masters nursing education program in the US;
- Successfully passed the NCLEX-RN Examination or recognized predecessor;
- Have no civil and/or criminal charges pending;
- Have no cause for denial of licensure as defined in R.S. 37:921 and L.A.C.XLVII. §3331, or allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 and §3403 and §3405.

2. Applicants have the option to present to the LSBN office for a 'walk-in' temporary permit and must have their fingerprints scanned on-site by board staff ('LiveScan') for the required CBC. Walk-in service is provided Monday through Friday between the hours of **9:00 am to 3:00 pm** central standard time (CST). The LSBN office is closed for state and federal holidays and for other events as stated on the website. Requirements for temporary permit walk-in service:

- Submission of an electronic RN Endorsement application
- A money order or bank cashier's check for appropriate fees.

- An original current/valid government issued photo identification (i.e. US passport or driver's license).

#### **SECTION D: FEES**

\$139.25 - application for full licensure, **without** a 90 day temporary endorsement permit. This total includes: \$100.00 application fee and \$39.25 CBC processing fee.

\$149.25 - application for full licensure, **without** a 90 day temporary endorsement permit and 'LiveScan' fingerprinting at the LSBN office. This total includes: \$100.00 application fee; \$39.25 CBC processing fee and \$10.00 'LiveScan' fee. All fees must be paid electronically through the Nurse Portal, except the \$10.00 LiveScan fee which must be presented at the time of fingerprinting in the form of a bank cashier's check or money order.

\$239.25 - application for full licensure **with** a 90 day temporary endorsement permit. This total includes: \$100.00 application fee; \$100.00 temporary permit fee; and \$39.25 CBC processing fee.

\$249.25 - application for full licensure, **with** a 90 day temporary endorsement permit and 'LiveScan' fingerprinting at the LSBN office. This total includes: \$100.00 application fee; \$100.00 temporary permit fee; \$39.25 CBC processing fee and \$10.00 'LiveScan' fee.

All fees are non-refundable and must be paid electronically through the Nurse Portal, except the \$10.00 LiveScan fee which must be presented at the time of fingerprinting in the form of a bank cashier's check or money order.

#### **SECTION E: ADDITIONAL REQUIREMENTS FOR INTERNATIONALLY EDUCATED NURSES (educated outside the US)**

##### **Options for licensure:**

1) Licensure by **examination** (those IENs who have not taken the NCLEX-RN or SBTPE in any country, US state or territory):

\*Step one: contact the Commission on Graduates of Foreign Nursing Schools (CGFNS) and:

1) register to take the CGFNS Qualifying Exam. The CGFNS Qualifying Exam is administered in the US and over 80 other countries. For more information, please go to the CGFNS website: [www.cgfns.org](http://www.cgfns.org). Once you have taken and passed the CGFNS Qualifying Exam, you must have CGFNS issue an official certificate directly to the LSBN.

2) request a Credentials Evaluation Service Report (CESPR) be issued directly to LSBN. The CESPR analyzes international education and licensure in terms of comparability to Louisiana requirements.

\*Step two: pass an English proficiency examination administered by either the Test of English as a Foreign Language (TOEFL) or the International English Testing System (IELTS) (academic version). Once you have passed the examination, you must have a test report from the educational testing service issued directly to LSBN. *Please refer to the English proficiency testing agencies for report expiration dates.*

\*Step three: complete and submit an application for **licensure by examination** to the LSBN, along with required fees and supporting documents, including a copy of current/valid government issued photo identification (i.e. US Residency Card or Green Card, passport or driver's license).

\*Step four: once LSBN staff has received all necessary fees and documents, staff will determine your eligibility status to sit for the NCLEX-RN. You will be notified in writing when the review process has been completed.

-OR-

2) Licensure by **endorsement** (those IENs who have taken the NCLEX-RN in any country, US state or territory):

\***Step one:** contact the Commission on Graduates of Foreign Nursing Schools (GGFNS) at: [www.cgfns.org](http://www.cgfns.org) and request a Credentials Evaluation Service Report (CESPR) be issued directly to LSBN. The CESPR analyzes international education and licensure in terms of comparability to Louisiana requirements.

\***Step two:** pass an English proficiency examination administered by either the Test of English as a Foreign Language (TOEFL) or the International English Testing System (IELTS) (academic version). Once you have passed the examination, you must have a test report from the educational testing service issued directly to LSBN. *Please refer to the English proficiency testing agencies for report expiration dates.*

\***Step three:** complete and submit an application for **licensure by endorsement** to the LSBN, along with required fees and supporting documents, and a copy of current/valid government issued photo identification (i.e. US Residency Card or Green Card, passport or driver's license). The application and instructions may be located at <http://www.lsbn.state.la.us/Portals/1/Documents/Forms/RNEndorsementApplication.pdf>.

CANADIAN EDUCATED NURSES (except Quebec) - if you wrote the NCLEX-RN or the Canadian Nurses Association Testing Service Examination (CNATS), *written in the English language*, a verification of nursing license form must be completed by your original Canadian province and mailed directly to the LSBN. Verification of nursing license will also be required from the US state where the NCLEX had been taken (if applicable), as well as current state/province (if different). If you graduated from a Canadian nursing school with only a 'PASS' result on the Canadian Board Exam (CNATS) and not an actual score, *or if the test was not taken in English*, you will be required to take and pass the NCLEX-RN exam unless already taken as part of licensure for another U.S. state. If applicant had received one 'single integrated' score on the CNATS exam, a minimum score of 400 is required. If the Canadian Board exams taken had issued 'individualized scores by area of nursing', then a minimum of 350 in each area is required, otherwise you will have to take and pass the NCLEX-RN exam.

NOTE: Internationally Educated Nurses are not eligible for the 90-Day Temporary Permit.

All IENs must have been issued a US SSN. If you do not have a US SSN:

1) contact the US Social Security Administration directly and apply for one at [www.ssa.gov](http://www.ssa.gov). This process can be lengthy and should be started as soon as possible. RN licensure will not be issued without a US SSN.

2) you will not be able to apply for licensure electronically. Please contact the LSBN board office for instructions.

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## Attention Endorsement Department

### Supplemental Documentation Required for Endorsement Processing

\*\*\*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: Endorsement Department

- I have submitted an **electronic** Application for RN Licensure by Endorsement via the [online Louisiana Nurse Portal](#).
- I am submitting, as required, the following original **paper** documents:
  - Original, completed, notarized Affidavit of Verification form:  
<http://www.lsbn.state.la.us/Portals/1/Documents/Forms/AffadavitofVerificationRN.pdf>
  - 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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Baton Rouge, Louisiana 70810  
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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:

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
PARISH/COUNTY OF \_\_\_\_\_

**AFFIDAVIT OF VERIFICATION**

BEFORE ME, the undersigned Notary, \_\_\_\_\_ [name of Notary whom Affidavit is sworn], on this \_\_\_\_ day of \_\_\_\_\_ [month], 20\_\_\_\_, personally appeared \_\_\_\_\_ [name of affiant], being duly sworn, acknowledged by me to be of lawful age, who being by me first dully sworn, on \_\_\_\_ [his or her oath], deposes and says:

I am the person referred to in this application for licensure as a Registered Nurse with the Louisiana State Board of Nursing; that the statements, documentation and information submitted via the online application through an Internet interface are true, correct and complete in every respect; that I have not used a false or fictitious name in said application; that I have not knowingly made a false statement or knowingly concealed material facts and/or committed any fraud in completing this application for a license or permit; and that I have read and understand the questions and statements in the application and this affidavit of verification.

I further understand that falsification of any information accompanying or contained on this application may result in denial of licensure. I hereby authorize the Louisiana State Board of Nursing to conduct a criminal records check and hereby authorize the Louisiana State Police and the Federal Bureau of Investigations to release all criminal record information maintained in their files, which may confirm or deny my eligibility for licensure.

\_\_\_\_\_  
SIGNATURE OF REGISTERED NURSE APPLICANT

\_\_\_\_\_  
Date of Birth (MM/DD/YY)

SUBSCRIBED AND SWORN to me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
SIGNATURE OF NOTARY

*NOTARY SEAL*

\_\_\_\_\_  
PRINTED NAME OF NOTARY

NOTARY PUBLIC  
MY COMMISION EXPIRES: \_\_\_\_\_, 20\_\_\_\_

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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.boardsofnursing.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 (1<sup>st</sup>) FBI card, then scan your hands again to print your fingerprints on the second (2<sup>nd</sup>) 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**