

Louisiana State Board of Nursing

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INSTRUCTIONS FOR APPLYING FOR RN LICENSURE BY ENDORSEMENT

Registration in Louisiana is mandatory. It is unlawful for any person to use the title Registered Nurse (RN) or to practice nursing in Louisiana as a Registered Nurse without a license from the Louisiana State Board of Nursing (LSBN).

SECTION A: ELIGIBILITY CRITERIA FOR RN ENDORSEMENT

1. Applicant must submit evidence of initial RN licensure from another state, territory, or country;
2. Applicant must submit evidence of current RN licensure issued directly from the jurisdiction of last employment;
3. All applicants must have successfully completed a diploma, associate degree, baccalaureate and/or masters nursing education program approved by one (1) of the following:
 - a. The Louisiana State Board of Nursing, *or*
 - b. Another U. S. State Board of Nursing in which the program meets or exceeds the nursing educational standards/requirements for nursing programs in Louisiana, *or*
 - c. A nursing program located in another country (see page 6, SECTION C, for additional requirements).
 - A. **If** the RN applicant graduated from Excelsior and/or Deaconess College, you must meet the following additional requirements:
 - i. Provide documentation supporting the equivalency of six (6) months to one (1) year full-time clinical experience as a **Registered Nurse** in a staff position under RN supervision in another U.S. State; **AND**
 - ii. 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*’ and provide verification of RN employment dates and supervisor’s contact information.
4. Applicant must have successfully completed the State Board Test Pool Examination and earned a score of 350 or above in each area –or- have written the National Council Licensure Examination (NCLEX-RN) and earned a passing score of 1600 or “pass” on pass/fail scale.
5. Applicant must not have disciplinary action by any nursing board or other health regulatory board in any state or country with pending stipulations and/or restrictions *;
6. Applicant must not have any civil or criminal charges pending **;
7. Applicant must submit completed application for endorsement, required fees and other required documents within one (1) year;
8. Applicant must submit evidence of proficiency in the English language if a graduate of a nursing program offered in a foreign country;
9. Applicant must submit to a criminal background check (CBC).
10. Applicant must cause to have submitted directly to LSBN, an official set of transcripts. Official transcripts are those sent directly to LSBN by the university/school that issued course credit. Transcripts will not be accepted from applicants – even if mailed to LSBN in a sealed envelope.

NOTE: If your nursing education was split between more than one institution you must have an official transcript sent to LSBN by each institution.

* Individuals who have past disciplinary action by a licensing board for nurses (RN/LPN/LVN/APRN) or any health regulatory board in any state/province/country, including Louisiana, must provide a detailed, written, signed and dated statement (in their own words) regarding the incident(s) that led to board action including documentation of final outcome. Applicant must contact the board office and request a set of “*board certified*” documents regarding the action be sent to the LSBN office, Attention: Endorsement Department. **Note: Temporary permits will not be granted to you until all documentation has been received, reviewed, and approved by Board staff.**

****** Individuals who have had any past criminal arrest (even if charges/arrest were later expunged or dismissed) must provide a detailed written, signed and dated statement (in their own words) regarding the details surrounding the arrest(s), judgment and final disposition of the charges on each incident. Send statement along with application. Applicant must also contact law enforcement and clerk of court in the county/parish/jurisdiction where the charges/arrest occurred and request a set of “*certified*” documents showing: original arrest record, charges, court judgment, and final court disposition of the charges on each incident be sent to the LSBN office, Attention: Endorsement Department. **Note:** Temporary permits will not be granted to you until all documentation has been received, reviewed, and approved by Board staff.

SECTION B: INSTRUCTIONS FOR COMPLETING FORMS

➤ **Full disclosure is required in SECTION IV - COMPLIANCE of the endorsement application. Please include any additional documentation as indicated in Section IV along with the endorsement application. Failure to correctly answer questions in this section and self-disclose a ‘yes’ response where applicable may result in disciplinary action, including denial of licensure.**

1. FORM END – 1: Application for Licensure as Registered Nurse by Endorsement

- a. Attach a current, true Passport ID photo (signed and dated on the reverse side) to the application. Provide your complete name, including full middle name, and any previous married name(s) and/or alias(s). Include a note/letter regarding other/previous name(s) that do not fit on application.
- b. Have your signature notarized in Section VII – Affidavit, by a notary public.
- c. Type/print your first and last name at the top of **each** page of the application.

2. FORM END – 2: Verification of Licensure Form (see ‘Note’ regarding possible electronic verification)

- a. Official verification of RN licensure is required from the :
 - i. Original state where nursing board examination was taken - even if that RN license has since expired or lapsed, - **and** -
 - ii. Current state/province/country where you are working at the time endorsement application is submitted to LSBN. If you are currently unemployed, official verification is still required from the Board of Nursing (BON) where you last worked or last RN licensure was issued. **If** your current/active RN license also happens to be your original licensure by examination – then only
 - iii. one (1) official verification will be needed.

NOTE: Many (but not all) State BONs verify RN licensure electronically through www.NurSys.com. Please **go first** to www.Nursys.com under the ‘*Get a License Verified*’ section to see if your original and current State BON participates with this electronic verification service. First time users should select ‘*View License Verification help video*’ at bottom of screen for instructional tutorial. The form END-2 Verification of Licensure Form provided in this application packet would **only** be used by you **if neither** your original nor current State BON participates with the www.NurSys.com electronic verification system (see Form END-2). State BONs that still send ‘paper’ verifications must mail them directly to LSBN.

- b. RN Applicants with previous **LPN/LVN** licensure: Verification of your original state of licensure as a LPN/LVN (where applicant took and passed their nursing exam for initial LPN/LVN licensure - even if it is no longer current) is also required. Written verification must be submitted directly to LSBN.

3. CRIMINAL BACKGROUND CHECK (CBC)

- a. Criminal history records check is authorized under the Nurse Practice Act, Louisiana R.S. 37:920.1 and is a required part of licensure.
- b. Please see Fingerprint Instructions for Criminal Background Check, Form CBC1(a) Authorization for Criminal Background Check (CBC – Page I) and Form CBC1(b), Authorization for Criminal Background Check (CBC – Page II) to complete the CBC requirement. The CBC documents must be submitted **along with** the Endorsement Application (Form END-1). The CBC fee mentioned in the *Fingerprint Instructions* has already been included in the *Endorsement Application Fee* totals noted on page 5 of these instructions.

4. U.S. SOCIAL SECURITY NUMBER

- a. All applicants applying for licensure in Louisiana are required to have a Social Security Number issued by the United States Social Security Administration. Social insurance numbers from Canadian Provinces are not accepted.
- b. Your social security number is used to verify your identity for licensing purposes as well as compliance with the Federal codes outlined below. All endorsement applicants must include their U.S. social security number **on the endorsement application** (Form END-1):

United States Federal Code (U.S.C.) Title 42, chapter 7, subchapter IV, part D, §666 (a) (13) (A) states:

Recording of social security numbers - Procedures requiring that the social security number of – any applicant for a professional license,...(or) occupational license,...be recorded on the application;

Additionally, the Code of Federal Regulations (CFR) Title 45, part 61, subpart B §61.7 regarding reporting final adverse actions against health care providers and practitioners states:

*Federal and State licensing and certification agencies must report to the HIPDB (Healthcare Integrity and Protection Data Bank)... personal identifiers, **including** social security number*

5. TEMPORARY RN PERMIT (90 DAYS)

- a. LSBN offers a 90 day temporary permit, for an additional fee, to qualifying endorsement applicants who reside in Louisiana and have an offer of employment with a Louisiana facility/institution. The purpose of the permit is to allow the applicant holding an active/unencumbered RN license in another U.S. state to start work as a Louisiana 'RN applicant' until all documentation has arrived and full RN licensure in Louisiana can be issued.

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

- Reside in the state of Louisiana;
- Have an offer of employment (pending permit being issued) as an RN in Louisiana. Disclosure of Louisiana place of employment must be provided on page 6 of the endorsement application (Form END-1) in SECTION VI – REQUEST FOR A 90 DAY TEMPORARY PERMIT;
- Hold a current/active and unencumbered RN license from another state or jurisdiction in the United States;
- Obtained an original nursing degree for RN license from an accredited (LSBN recognized) diploma, associate degree, baccalaureate and/or masters nursing education program in the United States;
- Wrote the National Council Licensure Examination RN (NCLEX-RN) with a passing score of 1600, or “pass” on a pass/fail scale, or had written a U.S. State Board Test Pool Examination and earned a score of 350 or above on each test area;
- Have licensure in any other state or jurisdiction not under restriction in any form by any health regulatory board;
- 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.

The following endorsement applicants are not eligible to request a 90 day temporary permit:

- An applicant who does not reside in Louisiana;
- An applicant who does not yet have a firm offer of employment from a facility/company located in Louisiana;
- An applicant whose original nursing education for RN licensure was outside the United States.
- An applicant who has been issued a 90 day temporary permit in Louisiana previously (1 per nurse, per lifetime).
- An applicant who has a 'yes' answer to *any* question in 'SECTION IV – COMPLIANCE' of the endorsement application (Form END-1) is **not** eligible for a 'walk-in' permit. All requested supplemental documents must be submitted along with application for review to determine licensure eligibility.

LSBN offers 'walk-in' permit processing between the hours of **9:00 am to 3:00 pm** central standard time (CST). Applicants presenting to the LSBN office for a 'walk-in' temporary permit will have their fingerprints scanned on-site by board staff ('LiveScan') for the required criminal background check (CBC). 'LiveScan' fingerprinting must be completed before 3:00 pm CST. The LSBN office is closed for all state and federal holidays. Requirements for temporary permit walk-in service:

A fully completed LSBN RN Endorsement Application (Form END-1) All sections of the application must complete, with the application both signed **and** notarized **prior** to arrival at the LSBN office.

- A recently taken 'passport' photo signed and dated on the back.

- A money order or bank cashier's check for appropriate fee payable to: **Louisiana State Board of Nursing** (or **LSBN**). See page 5 for explanation of **FEES**.
- An original current/valid photo ID such as a U.S. driver's license or U.S. issued Passport.
- Proof of active RN licensure from your current State Board of Nursing (State BON):
 - **If** your current State BON participates with www.NurSys.com for electronic verification of RN licensure, go to this website 1 to 2 days **prior** to coming to the LSBN office for 'walk-in' permit processing and pay for an 'official' verification of licensure report through the 'Get a License Verified' option. Print out the 'receipt' screen/page from www.NurSys.com showing proof of payment, and provide copy of the receipt to LSBN staff.
 - If applicant's current State BON does **not** participate with electronic verification through www.NurSys.com, bring a copy of your current RN license.

6. FEES

Fees must be paid with a **money order** or **bank cashier's check**, payable to – **Louisiana State Board of Nursing** (or **LSBN**). The money order (or bank cashier's check) must be made out in U.S. dollars for **one (1)** of the fee totals indicated below. Cost for LSBN to process the required criminal background checks (CBC) are already included in totals. Fee payment must be exact - do not round total up or down. Personal checks, cash and/or credit cards are not accepted. All fees are non-refundable.

Please read the full list below to determine which fee total below applies to your RN Endorsement application request. Select only one (1) option. Fee payment must accompany your application.

RN Endorsement Application Fee Options (choose only 1 option):

- \$140.75 - Submitting your RN Endorsement Application to LSBN **by mail** to request a full Louisiana RN licensure but **not** requesting a 90 day temporary permit.
This total includes: \$100.00 application filing fee and \$40.75 for LSBN to process your fingerprints (on FBI cards) for the required CBC.
- OR -**
- \$150.75 - Hand delivery of your RN Endorsement Application **in person** to the LSBN office and having board staff electronically scanned your fingerprints ('LiveScan') for the required CBC, **but not** requesting a 90 day temporary permit.
NOTE – If you've experienced problems with fingerprinting in the past and live in the Baton Rouge area, you may want to consider this option. Please arrive at the LSBN office well before 3:00 pm (CST) if you choose 'LiveScan' fingerprinting.
This total includes: \$100.00 application filing fee; \$40.75 for LSBN to process the required CBC; plus \$10.00 for 'LiveScan' fingerprinting at the LSBN office (instead of submitting FBI cards with your prints).
- OR-**
- \$240.75 - Submitting your RN Endorsement Application to LSBN **by mail** to request a full Louisiana RN licensure **and** requesting a 90 day temporary permit.
NOTE – read page 4 carefully for requirements and restrictions to qualify for a 90 day RN temporary permit.
This total includes: \$100.00 application filing fee; \$100.00 additional fee for the 90 day temporary permit; and \$40.75 for LSBN to process your fingerprints (on FBI cards) for the required CBC.
- OR-**
- \$250.75 - Hand delivery of your RN Endorsement Application **in person** to the LSBN office to apply for full Louisiana RN licensure **and** requesting a 'walk-in' 90 day temporary permit while you wait.
NOTE – read page 4 carefully for requirements and restrictions to request a 90 day temporary permit. Please arrive at the LSBN office by midday if possible, and before 3:00 pm (CST), to allow sufficient time for 'LiveScan' fingerprinting and the processing of your application for the permit.
This total includes: \$100.00 application filing fee; \$100.00 additional fee for 90 day temporary permit; \$40.75 for LSBN to process the required CBC; plus \$10.00 for 'LiveScan' fingerprinting at the LSBN office (instead of submitting FBI cards with your prints).

Annual License Renewal and Renewal Fees:

Louisiana licenses are **calendar** year licenses that must be renewed every fall for the next calendar year; **regardless of how late in the year licensure was issued**. Unlike initial licensure, renewals are processed online through the LSBN website. Once your full Louisiana RN license has been issued, go to '**My Services**' on the LSBN homepage to establish your private LSBN electronic account (see 'Nurses Account Signup'). Active renewal season begins in early October and ends on December 31st. A late fee is charged for renewals paid after 11:59pm (CST) on December 31st.

All Louisiana nursing licenses automatically lapse at midnight January 31st (CST) if not successfully renewed by the nurse through the LSBN website by that deadline.

SECTION C: INTERNATIONALLY EDUCATED NURSES

Applicants who are graduates of schools outside the United States are required to have written the State Board Test Pool Examination in accordance with Louisiana Regulations and to have earned a score of 350 or above in each area, *or* to have written the National Council Licensure Examination for RN's (NCLEX-RN), in accordance with Louisiana Regulation and have earned a passing score of 1600 or received a "pass" on pass/fail scale. If you have written either of these examinations for licensure in another state or U.S. jurisdiction, please indicate this in a letter submitted along with your application. Official verification of licensure from that State must be submitted directly to LSBN for review. **NOTE: Internationally Educated Nurses are not eligible for the 90-Day Temporary Permit.**

International Nurse Graduates who have not passed the State Board Test Pool Examination or the National Council Licensure Examination for RN's (NCLEX-RN) and who apply for Louisiana Registration will be required to have written and passed the CGFNS Qualifying Examination given by the **Commission on Graduates of Foreign Nursing Schools (CGFNS)**. Applicant must request CGFNS to send a certified certificate proving that the exam was taken and passed directly to LSBN. The CGFNS Qualifying Exam is administered in the United States of America and over 80 other countries. For more information, please go to the CGFNS website: www.cgfns.org. After all documentation has been received by LSBN, you will be notified by mail if they are eligible to sit for the required NCLEX-RN exam.

If you are already licensed in another U.S. State and have written and passed the National Council Licensure Examination for RN's (NCLEX-RN), you must still have your school transcripts evaluated by the GCFNS and obtain a Credentials Evaluation Service Professional Report (CESPR) which analyzes international education and licensure in terms of United States comparability. Contact CGFNS to apply for the CESPR report and have a certified copy sent directly to LSBN by CGFNS. LSBN also requires Internationally Educated Nurses to take (or have taken) the Test of English as a Foreign Language (TOEFL) or International English Testing System (IELTS) (academic version) *and* achieved a CGFNS acceptable passing score. English proficiency test results must be sent directly to the LSBN office by either TOEFL or IELTS. *Please refer to the English proficiency testing agencies for report expiration dates.*

CANADIAN EDUCATED NURSES - if you wrote the National Council Licensure Examination for RN's (NCLEX) **or** the Canadian Nurses Association Testing Service Examination (CNATS), *written in the English language*, please indicate this in a written note/letter to accompany your application. The END-2 Verification of Nursing License form must be completed by your original Canadian province and mailed to LSBN to confirm Canadian Board test results and score. The END-2 Verification of Nursing License form will also be required from the U.S. 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 sit & 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 & pass the NCLEX-RN exam.

PLEASE NOTE - ALL applicants for RN endorsement, whether United States (US) citizen or not, are **required** to have a US Social Security Number authorizing them to work in the US before RN Licensure can be issued.

INSTRUCTIONS FOR SUBMISSION OF DOCUMENTS BY INTERNATIONALLY EDUCATED NURSES

1. If you have not been issued a U.S. Social Security number, contact the US Social Security Administration directly and apply for one at www.ssa.gov. This process can be lengthy and should be started as soon as possible. A US Social Security number is a mandatory part of the LSBN's RN licensure process and should be included with your application. RN licensure will not be issued without an US Social Security number.
2. Provide along with application, a photocopy of a U.S. Residency Card or Green Card. LSBN will also accept a *certified* VisaScreen certificate issued by Commission on Graduates of Foreign Nursing Schools. VisaScreen certificate must be mailed directly to LSBN by CGFNS.
3. If you had taken and passed the CGFNS Qualifying Examination, attach a copy to your application and contact CGFNS for a *certified* certificate/report of the exam to be mailed directly to LSBN by CGFNS.
4. If you are licensed in another State in the U.S. by NCLEX examination, but did not take the CGFNS Qualifying Exam at some point in your nursing career, contact CGFNS to apply for a Credentials Evaluation Service Professional Report (CESPR) and have a certified copy mailed directly to LSBN by CGFNS along with evidence of successful score/completion of the TOEFL (English proficiency examination). The CESPR will replace the Nursing Data Form & Transcripts from your School of Nursing.
5. Complete all applicable forms as directed under "Section B" in these instructions.

SBN OFFICE USE ONLY:

DATE APPLICATION RECEIVED _____

APPROVED BY (initial)

PERMIT NUMBER _____

DATE PERMIT ISSUED _____

ATTACH HERE

(single staple or piece of tape on edge of photo)

One passport size (approximately 2 x 2), fade-proof, passport identification photograph made within the last six (6) months. On the back of picture, sign and indicate date photo was taken.

LOUISIANA STATE BOARD OF NURSING

17373 Perkins Road, Baton Rouge, Louisiana 70810

Telephone 225-755-7500

E-mail: lsbn@lsbn.state.la.us

END FORM 1: Application for Licensure as Registered Nurse (RN) by Endorsement

APPROPRIATE FEES MUST BE SUBMITTED ALONG WITH THIS APPLICATION -

- **Please read the full Instructions for Applying for RN Licensure by Endorsement before submitting this application to ensure you are eligible to apply. Page 5 of the Instructions outlines the applicable total fee to submit along with this application.**
- **Money Order or Bank Cashier's Checks *only*. Personal Checks or Cash are not accepted.**
- **Fees are NOT refundable**

Applications not completed within one (1) year from date of submission will be closed and cancelled.

SECTION I. CONTACT INFORMATION (Type/print Legibly – To be completed by Applicant)

1. Name: _____

First	Middle	Maiden/Last	Married
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2. Current/Permanent Mailing Address

Street	City	State	Zip Code
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Louisiana residential address - required if applicant is requesting a 90 day temporary permit (see Instructions, page 4):

Street	City	State	Zip Code
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3. Telephone #: _____ U.S. Social Security #: _____
 Cell Phone #: _____ E-mail address: _____
4. Date of Birth _____ City & State of Birth: _____
5. Are you a citizen of the United States? Yes - or No - If no, give Alien Registration #: _____

SECTION II. EDUCATION (Type/print Legibly – To be completed by Applicant)

1. Name, city and state of high school: _____ Graduation Date: _____
2. Name, city and state of original/first school of nursing for RN degree: _____
 Date of entrance: _____ Date of Graduation: _____
 Associate Degree: Diploma: Baccalaureate: Masters or Higher:

NOTE: You may not practice in Louisiana, as defined in the Nurse Practice Act, LA R.S. 37:911 et seq., until you have filed an application **and have been issued** a 90 day temporary permit or renewable full RN nursing license from the Louisiana State Board of Nursing (LSBN).

Name of Applicant (type/print FIRST and LAST name at the top of each page): _____

3. List additional study and/or academic preparation beyond basic RN nursing program:

4. If originally licensed as an LPN/LVN, provide the name, city and state of the LPN/LVN nursing school/program completed:

Date of entrance: _____ Date of Graduation: _____

5. Are you currently licensed or authorized to practice as an Advanced Practice Registered Nurse (APRN) in another State or jurisdiction ?(check all that apply):

Certified Nurse Midwife (CNM): Certified Registered Nurse Anesthetist (CRNA):
Clinical Nurse Specialist (CNS): Nurse Practitioner (NP):

NOTE: If you answered ‘yes’ to any of the above, you must request and submit an application for licensure as an Advanced Practice Registered Nurse (APRN) by endorsement for Louisiana together with this application for RN licensure.

SECTION III. LICENSURE HISTORY (Type/print Legibly – To be completed by Applicant)

1. My original/first licensure as a **Registered Nurse (RN)** was issued by the State *or* jurisdiction of _____ on _____ (date) and was assigned registration/license number _____. The status of this original RN licensure is:

Active/Current Inactive *or* Lapsed

2. List **ALL** other states/jurisdictions in which you have **ever** been licensed as an LPN/LVN, RN *or* APRN, beginning with the state/jurisdiction of most recent employment. (Attach additional sheet if necessary).

U.S. State or Jurisdiction	Type of License (circle one)	Date of Registration	License Number	Licensure Status (circle one)
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive
	LPN / RN / APRN			Active / Inactive

SECTION IV. COMPLIANCE (Type/print Legibly – To be completed by Applicant)

YOU ARE HEREBY DIRECTED TO DISCLOSE ALL APPLICABLE MATTERS AS FOLLOWS:

1. Yes__No__ **Have you ever been issued any of the following:**
- a citation or summons for, *and/or*
 - has/have warrant(s) been issued against you related to, *and/or*
 - have you been arrested, charged with, arraigned, indicted, convicted of, *and/or*
 - pled guilty/"no contest"/nolo contendere/"best interest" or any similar plea to, *and/or*
 - been sentenced for any criminal offense, including all misdemeanors and felonies, in any state or other jurisdiction?

NOTE: Even though an arrest or conviction has been pardoned, expunged, dismissed, deferred, *or* diverted, and even if your civil rights have been restored, you must answer "Yes" and mail certified court documents of incident/arrest together with a signed letter of explanation.

- **DWI arrest must be reported, regardless of final disposition.**
- **Traffic violations such as speeding or parking tickets do not need to be reported.**

If the above question was answered 'Yes', then -

Yes__No__ Have you previously reported/provided the following information to the Louisiana State Board of Nursing? If you answered 'No' here, and/or had *not* reported/provided the following, then submit with application:

- *Provide a narrative explanation (dated and signed) with date of any/all citations, summons, warrants, arrests, charges, arraignments, indictments, convictions, pleas, sentence,*
- *the name of parish/county in which arrests, etc., occurred,*
- *the names of arresting agencies,*
- *the violation(s) listed,*
- *the final disposition of any/all criminal matters, and current status, if no final disposition.*
- *Enclose certified true copies of any/all arrest report(s), etc., occurrence/narrative/supplemental reports; certified true copies of any/all court minute entries and court judgments/orders; copies of probation/DA diversion or Pretrial Intervention programs, etc., and any/all other relevant records.*

2. Yes__No__ **Have you had a license to practice nursing or as another health care provider denied, revoked, suspended, sanctioned, or otherwise restricted or limited, including voluntary surrender of license - including restrictions associated with participation in confidential alternatives to disciplinary programs? *and/or***

Have you had disciplinary action pending by a licensing board – other than by the Louisiana State Board of Nursing - in any state or jurisdiction?

If either of the above questions were answered 'Yes', then -

Yes__No__ Have you previously reported/provided the following information to the Louisiana State Board of Nursing? If you answered 'No' here, and/or had *not* reported/provided the following, then submit with application:

- *Provide a narrative explanation (dated and signed) with date of and description of any/all actions by other licensing boards in Louisiana and in other states or jurisdictions (beside the Louisiana State Board of Nursing), including names of other boards at issue, status of any/all disciplinary matters with other boards,*
- *Enclose certified true copies of any/all other board actions by other licensing boards, along with any/all related and/or subsequent actions.*

3. Yes__No__ **Have you been discharged from the military on ground(s) other than an honorable discharge?**

If the above question was answered 'Yes', then -

Yes__No__ Have you previously reported/provided the following information to the Louisiana State Board of Nursing? If you answered 'No' here, and/or had *not* reported/provided the following, then submit with application:

- *Provide a narrative explanation (dated and signed) of the other-than-honorable discharge, with date(s) of incident(s) involved, detailed description of grounds for discharge, along with description of the surrounding circumstance and any/all other relevant information.*
- *Enclose photocopies of any/all military discharge documents, including any/all documentation of the underlying action(s) that resulted in discharge, with any/all other related records.*

Name of Applicant (type/print FIRST and LAST): _____

4. Yes__No__ **Have you been named as a defendant in a civil/malpractice case relating to your practice of nursing?** *and/or*
Has a medical review panel opinion been rendered relating to your practice of nursing? *and/or*
Have you been reported to the National Practitioner Data Bank? *and/or*
Have your clinical privileges been suspended, revoked, restricted or limited?

If any of the questions above were answered 'Yes', then -

- Yes__No__ Have you previously reported/provided the following information to the Louisiana State Board of Nursing?
If you answered 'No' here, and/or had not reported/provided the following, then submit with application:
- *Provide a narrative explanation (dated and signed) with date(s) of incident(s) involved, detailed description of the incident(s) at issue along with description of the surrounding circumstances, information regarding the current status of the Medical Review Panel opinion, civil or medical malpractice suit(s), and any/all other relevant information.*
 - *Enclose photocopies of any/all Medical Review Panel opinions, civil or medical malpractice suit(s), along with any/all related records.*

5. Yes__No__ **Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional or psychiatric condition that might affect your ability to safely practice as a Registered Nurse?**

If the above question was answered 'Yes', then -

- Yes__No__ Have you previously reported/provided the following information to the Louisiana State Board of Nursing?
If you answered 'No' here, and/or had not reported/provided the following, then submit with application:
- *Provide a narrative explanation (dated and signed) with date(s) of incident(s) involved, detailed description of the condition(s) at issue, diagnoses, treatment received so far, treatment planned or prescribed, information regarding the current status of your condition(s), date, name and location of any/all treating facility(ies) and/or treating caregiver(s), number of times in treatment, currently-prescribed medication(s), and any/all other relevant information. Include in your statement if you are going to apply, or have applied, for Social Security or insurance disability.*
 - *Enclose photocopies of any/all discharge summaries, relevant medical records and/or treatment record, written statement(s) sent directly from treating physician(s) addressing current ability to safely practice nursing, along with any/all related records.*

6. Yes__No__ **Have you had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs or alcohol?** *and/or*
Have you been diagnosed as dependent upon, addicted to, or been treated for, dependence upon medications?

If either of the above questions were answered 'Yes', then -

- Yes__No__ Have you previously reported/provided the following information to the Louisiana State Board of Nursing?
If you answered 'No' here, and/or had not reported/provided the following, then submit with application:
- *Provide a narrative explanation (dated and signed) with date(s) of incident(s) involved, detailed description of the condition(s) at issue, diagnoses, treatment received so far, treatment planned or prescribed, information regarding the current status of your condition(s), date, name and location of any/all treating facility(ies) and/or treating caregiver(s), number of times in treatment, currently-prescribed medication(s), and any/all other relevant information. Include in your statement if you are going to apply, or have applied, for Social Security or insurance disability.*
 - *Enclose photocopies of any/all discharge summaries, relevant medical records and/or treatment record, written statement(s) sent directly from treating physician(s) addressing current ability to safely practice nursing, along with any/all related records.*

Name of Applicant (type/print FIRST and LAST): _____

7. Yes ___ No ___ **Have you filed an application for license/registration in another state/jurisdiction but were denied licensure?**

If the above question was answered 'Yes', then -

- Yes ___ No ___ Have you previously reported/provided the following information to the Louisiana State Board of Nursing? If you answered 'No' here, and/or had *not* reported/provided the following, then submit with application:
- Provide a detailed written explanation regarding where you applied, when, type of registration/licensure applied for, and why it was not issued.
 - Enclose certified true copies of any/all relevant documents from that state/jurisdiction regarding the denial.

8. Yes ___ No ___ **Have you ever filed an application for licensure as a Registered Nurse in Louisiana before?**

If the above question was answered 'Yes', then -

- Provide a written statement stating the approximate date/year you applied and reason why you had not completed the application process and obtained RN licensure.

9. Yes ___ No ___ **Were you ever licensed as a Registered Nurse in Louisiana?**

If yes, **STOP HERE**. You must apply to the Louisiana State Board of Nursing for Reinstatement of your previous RN license. (Reinstatement instructions and forms are available at the LSBN website)

10. Yes ___ No ___ **Have you ever been licensed in a country other than the United States?**

If yes, please specify the name and address of the authority who issued that original registered nurse license:

11. _____ **In what U.S. State and/or jurisdiction are you currently working as an RN - or - last worked as an RN if you are not currently employed?** (response required) _____
Provide State

SECTION V. REQUEST FOR A 90-DAY TEMPORARY PERMIT (Type/print legibly)

To be completed by the Applicant **IF** requesting a Temporary Permit

If you wish to be employed in Louisiana as an RN Applicant while your endorsement application is being processed for full RN licensure, complete this section and provide **all** information below **together** with the additional permit fee(s) noted in the endorsement instructions. The 90 day temporary permit is applicable to those individuals who:

- Have an offer of employment as an RN in Louisiana and can provide that contact information below;
- Hold a current/active unencumbered RN license from another jurisdiction in the United States;
- Reside in the State of Louisiana and provide that address on the front page of this application;
- Original nursing degree (diploma, associate, baccalaureate, or masters) for RN license was obtained from an accredited nursing school in the United States and meets or exceeds nursing educational standards/requirements of LSBN;
- Wrote the National Council Licensure Examination RN (NCLEX-RN) with a passing score (or had written a U.S. State Board Test Pool Examination and earned a score of 350 or above on each test area);
- Whose license in any other state or jurisdiction is not under restriction in any form by any health regulatory board;
- The individual has no civil or criminal charges pending;
- There is 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.

Name of Applicant (type/print FIRST and LAST): _____

A **notarized photocopy** of both a current photo ID (active driver's license or passport) and a current RN license from your last state/jurisdiction must accompany this application. If you hold an active license from your original state of RN licensure, submit a notarized photocopy of that license as well.

I, _____, am submitting my current/active RN license from
First Middle Maiden Married

the State of _____, and request to be issued a 90-Day Temporary Permit to practice as a RN Applicant in Louisiana pending permanent RN licensure/registration. I anticipate nursing employment at the following Louisiana facility:

Hospital/Facility/Institution Address and City in Louisiana Anticipated Start Date

The offer of my RN employment at the above Louisiana facility is as a: (one below **must** be marked/supplied)

Direct hire for the facility: **OR**

Placement through the following nursing agency (provide the agency name, recruiter name *and* phone number):

SECTION VI. AFFIDAVIT MUST BE COMPLETED/NOTARIZED FOR ALL APPLICANTS

THIS AFFIDAVIT SECTION MUST BE COMPLETED BY ALL APPLICANTS, WHETHER OR NOT A TEMPORARY PERMIT IS BEING REQUESTED.

I, _____, being duly sworn, state that I am the person referred to in this application for licensure as a Registered Nurse by endorsement in the State of Louisiana; that the statements herein contained are true in every respect; that I have read and understand this affidavit. Failure to disclose and/or falsification of any information accompanying or contained on this application will result in denial of licensure and may result in disciplinary action. 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 RN Endorsement Applicant

Sworn to before me, this _____ day of _____, 20____.

Signature of Notary Public

(NOTARY SEAL)
NOTARY - IMPRINT THIS
PAGE ONLY

Printed Name of Notary Public

Commission Expires _____

State of _____

Parish or County _____

Louisiana State Board of Nursing
17373 Perkins Road, Baton Rouge, LA 70810
Main Tel: (225)755-7500

FORM END – 2: Verification of Nursing License

To Applicant: Go to www.NurSys.com first to see if original licensure state (by examination) *and* current state of RN license is a participating member for official verification. If one (or both) are not participants with NurSys verification – contact the Board of Nursing for applicable fee to be mailed with this form. Applicant completes/signs top section only.

I am applying for licensure as a **Registered Nurse** in Louisiana by Endorsement, and this Board requires official license verification.

Name: _____

First Name
Middle Name
Maiden Name
Current/Married Name

I was granted License Number: _____ on (date): _____ by the State of _____

By signing below, I hereby authorize the _____ State Board of Nursing to furnish the Louisiana State Board of Nursing in writing any pertinent information, favorable or otherwise, regarding my licensure in your jurisdiction as requested below.

Applicant's Signature
Social Security Number
Date

Instructions to State Board of Nursing:

Please complete the bottom portion of this form (or attach your BON verification report) for the above Registered Nurse Applicant. Mail the official verification directly to the Louisiana State Board of Nursing, **ATTN: RN Endorsement Dept.** *Thank you.*

This is to certify that the above nurse is/was issued the following nursing license(s) as indicated below (*fill in and circle*):

Type of License	License Number	Date of Licensure/Registration	Expiration Date	Basis of Licensure	Is Disciplinary Action Pending?	Is License Encumbered or had Past Action?
LPN / LVN				Exam / Endorsement	No / Yes *	No / Yes *
RN				Exam / Endorsement	No / Yes *	No / Yes *

* If yes, attach Board certified copy of any/all related documents to this verification.

S.B.T.P.E. Test Results if Licensed by Exam: (or NCLEX Exam result when score value was issued, instead of 'Pass/Fail')

Series # _____ Medical Nursing Psychiatric Nursing Obstetric Nursing Surgical Nursing Nursing of Children **OR** NCLEX Exam Score

Score for each area: _____

Number of times applicant wrote examination: _____ Dates Taken: _____; _____; _____;

If applicant did not write either the SBTPE or NCLEX exam, but qualified for initial license by other exam method, please indicate 'Other' above and provide the information regarding name of test taken, test plan, and score on reverse side or attach to this form.

Canadian Nurse Graduates (*only*): C.N.A.T.S. Exam Score: _____; Exam taken in English? Yes - or No -

Name of Nursing Program/School completed: _____

School Location (city/state): _____ Year of Graduation: _____

Was this school accredited by this Board at the time of the candidate's graduation / licensure? Yes - or No -

Board Seal Here

Signature
Date

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500

www.lsbn.state.la.us

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
- 2) **Fingerprinting:** Contact your state or local police/sheriff's office to inquire about their procedures, fees and locations for fingerprinting services. You will need to be fingerprinted onto **two (2)** official Federal Bureau of Investigation (FBI) fingerprint cards. **If** your local law enforcement office does **not** have blank FBI cards, LSBN board staff can mail you a set of FBI cards upon written request. Fill out the Request for Blank Fingerprint Cards form, indicate which department you will be submitting the CBC (and application, where applicable) at the top of the form, and fax to LSBN. If providing the CBC fingerprints cards & authorization sheets to apply for initial licensure or reinstatement in Louisiana, they **must** accompany your application.
 - 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:
 - J. *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.*
 - K. *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 application. **Protect both FBI cards from smudges. Do not fold or staple.**
 - All fingerprint cards must be signed by the 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 their 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 try to arrive at the LSBN office by midday to allow sufficient time for processing if using the 'LiveScan' CBC option. The nurse must be able to submit their application (already completed & notarized) and fee(s) to LSBN staff when he/she arrives for 'LiveScan' fingerprinting.
- 3) **Fees due LSBN for CBC:**
 - \$40.75 – Payable to Louisiana State Board of Nursing (LSBN) if paper FBI fingerprint cards are submitted

- OR -

 - \$50.75 – Payable to Louisiana State Board of Nursing (LSBN) if coming in person to the LSBN office to have your hands scanned using the 'LiveScan' equipment. **(Licensed Registered Nurses only).**

All fees 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******

Fees for CBC (money order or bank cashier's check required, payable to LSBN):

- \$40.75 – Payable to Louisiana State Board of Nursing (LSBN) if paper FBI fingerprint cards are submitted
- OR -
- \$50.75 – Payable to Louisiana State Board of Nursing (LSBN) if coming in person to the LSBN office to have your hands scanned using the LiveScan equipment. (Licensed Registered Nurses only).

**** Refer to your Application Instructions to see if the above CBC cost if already incorporated in the application fee total****

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

Louisiana State Board of Nursing

FACILITY OR AGENCY

Patricia A. Dufrene, MSN, RN

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

Cynthia York, RN, MSN, CGRN

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 but Signature ****

APPLICANTS 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}

APPLICANTS SIGNATURE: _____

APPLICANTS 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.

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

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500

Credentialing Fax Number: (225) 755-7581

www.lsbn.state.la.us

REQUEST FOR BLANK FINGERPRINT CARDS

I am required to submit to a Criminal Background Check (CBC) as authorized by the Nurse Practice Act, Louisiana Revised Statutes 37:920.1. I am unable to obtain Federal Bureau of Investigation (FBI) cards from my local law enforcement agency; therefore I am requesting two (2) blank fingerprint cards to be mailed to me by the Louisiana State Board of Nursing (LSBN).

Please indicate the department you will later be submitting an application for Louisiana licensure for this request of blank FBI cards. Check the appropriate box, complete the form below (please PRINT) and fax to the number listed above.

- RN Licensure by Endorsement (already licensed as an RN outside of Louisiana)
- RN or APRN Licensure by Reinstatement (I held a Louisiana RN or APRN license previously)
- APRN Licensure by Endorsement or Examination

Full Name: _____

Mailing Address –

Street: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Work Phone Number (include extension): _____

Cell Phone Number: _____

E-mail Address: _____

NOTE: *If applying for initial Louisiana licensure, do not submit your application until you have received and completed the FBI fingerprint cards. Your full CBC packet must accompany your application.* If applying for license reinstatement, refer to instructions and application to determine if a CBC packet is required to accompany your application.