

LOUISIANA STATE BOARD OF NURSING
17373 PERKINS ROAD
BATON ROUGE, LOUISIANA 70810
PHONE: 225-755-7500

Examination Department

Phone: 225-755-7523

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Email: exam@lsbn.state.la.us

**INSTRUCTIONS FOR
INITIAL LICENSURE BY EXAMINATION FOR REGISTERED NURSES**

- This application is for Louisiana Registration for RN Licensure by Examination. Registration in Louisiana is mandatory to practice as a Registered Nurse.
- Please read all application instructions before completing your application.
- By submitting the application for initial 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 The Rules and Regulations may be accessed on our website at www.lsbn.state.la.us.

Eligibility criteria for applicants by examination include:

- ♣ Completion of a nursing education program approved by the Board, or completion of a nursing program that meets or exceed the educational standards for programs in Louisiana;
- ♣ Freedom from restriction of any form by any nursing or health regulatory board in any state;
- ♣ No civil or criminal charges pending;
- ♣ No allegation of cause for denial of licensure;
- ♣ MUST have US Social Security Number;
- ♣ Submit application to the Board at least 60 days prior to graduation;
- ♣ An official transcript verifying RN degree conferred or RN Diploma Granted must be submitted to the LSBN directly from the educational institution; and
- ♣ MUST Pass the NCLEX-RN within four attempts and within four years of graduation.

Internationally Educated Nurse Graduates

*If you are a graduate of a nursing school program outside of the United States and have already taken the NCLEX-RN or State Board test Pool Examination (SBTPE) you must apply for Licensure through Endorsement.

* If you have never taken the NCLEX-RN or the SBTPE you must complete an application for Licensure by Examination and register with PearsonVue.

* Full instructions for International Education Nurse may be accessed through the nurse portal at www.lsbns.state.la.us/Portals/1/Documents/Forms/IEN.pdf.

U.S. SOCIAL SECURITY NUMBER

- All applicants applying for licensure in Louisiana are required to have a Social Security Number issued by the United States Social Security Administration. Social security numbers from Canadian Provinces are not accepted.
- 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 licensure by examination application**
 - 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.*

All Applicants MUST submit the following documents through the Nurse Portal:

- ♣ Application
- ♣ Supporting documents identified on application
- ♣ Verification of out of state testing (if applicable)
- ♣ Notarized Affidavit of Verification
- ♣ Accommodation Request Documents
- ♣ Demographic Changes- Name, Phone, Email address, Postal Address
- ♣ Completed Affidavit of Graduation (graduates of programs not on the Louisiana approved program list on the LSBN website)

Applicants MUST submit the following documents through postal mail (after submission of application):

- ♣ Criminal Background Check packet (If not submitted with Clinical Approval Application)
 - ♣ 2 fingerprint cards
 - ♣ Fingerprint Authorization forms
- ♣ Copy of verification of fee payment (\$38.00) submitted via portal (if applicable as above)
- ♣ Original Verification of out of state testing (if applicable)
- ♣ Original Notarized Affidavit of Verification (all applicants)
<http://www.lsbns.state.la.us/Portals/1/Documents/Forms/AffadavitofVerificationRN.pdf>

- ♣ Original Affidavit of Graduation completed by nursing education program head (For graduates of programs not on the Louisiana approved program list on the website, you will be required to upload a copy in the portal and submit the original via postal mail)

Louisiana Nursing Education Program Administrators MUST submit the following documents through the Portal:

- ♣ Affidavit of Graduation

Louisiana Nursing Education Program Administrators MUST submit the following documents to LSBN through postal mail:

- ♣ List of applicants submitting applications
- ♣ List of applicants graduating

All Nursing Education Program Administrators MUST submit the following documents through the postal mail:

- ♣ Transcript with undergraduate nursing degree conferred

Transcript Requirements

- ♣ Official Transcripts with degree conferred must be sent from school to the attention of the Education Department.
- ♣ Transcripts delivered by applicants are not acceptable as official transcripts.
- ♣ Schools using third party vendors for submission of transcripts must have a letter on file with LSBN for acceptance.
- ♣ All pre-requisites and nursing courses must be identifiable on transcript with credit hours granted. If your program does not identify this, it is your responsibility to send all original transcripts.
- ♣ If nursing education was split between more than one institution, an official transcript from each institution is required.
- ♣ Transcripts with Nursing Courses identified only by a number (i.e. Nursing I, Nursing VIII) may be requested to supply curriculum plan and course descriptions from the time of study to identify care across the lifespan and clinical hours for each nursing course.

COMPLETION OF APPLICATION

General Information

NOTE: Incomplete Applications cannot be processed

- All documents must be accurately completed. This application and all documents submitted will be a permanent part of your record. Answer all questions honestly as the Board may deny your application if you provide false information or if you fail to provide relevant information.

- Please use your full legal name. Nicknames are not acceptable. If your birth certificate name is significantly different from your current legal name (other than marriage), attach a letter of explanation. Documentation may be required. If your name changes after the forms are submitted, a notarized statement showing the change or marriage certificate must be submitted to the Board's office. (If you are using a hyphenated name, please make sure to use it on all forms.)

- The applicant will be notified via the nurse portal when the application has been approved or if additional information is needed. Check the Nurse Portal for status updates and correspondence as well as the e-mail entered as the username for correspondence.

- Email address- Must use personal e-mail for Board correspondence. (do not use e-mail for school)
- Applicant is responsible for changing contact information in the Nurse Portal.

NOTE: Mail regarding Licensure cannot be forwarded.

- Forms may be accessed through the Nurse Portal (Refer to previous instructions for method of submission to LSBN. Please keep your original for your files).

<http://www.lsbn.state.la.us/Education/RNStudents.aspx>

1. Verification for registration and/or testing with other Boards of Nursing
2. Accommodations Documents
3. Clinical Diagnostician Form
4. Criminal Background Check Packet (original Signature Must be submitted)
5. Affidavit of Graduation (out of state graduates)
6. Affidavit of Verification

<http://www.lsbn.state.la.us/Portals/1/Documents/Forms/AffadavitofVerificationRN.pdf>

Criminal Background Check

APPLICANTS WHO HAVE SUBMITTED A CRIMINAL BACKGROUND CHECK TO LSBN WITH AN APPLICATION FOR PERMISSION TO ENROLL IN CLINICAL COURSES IN LOUISIANA ARE NOT REQUIRED TO SUBMIT A NEW CRIMINAL BACKGROUND CHECK PACKET UNLESS DIRECTED BY LSBN STAFF.

APPLICANTS WHO HAVE NEVER SUBMITTED A CRIMINAL BACKGROUND CHECK PACKET TO LSBN MUST SUBMIT A COMPLETE PACKET

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 since an incomplete application or, if licensed, denied renewal, until the applicant or licensee submits the applicable documents and fee.

Instructions for submission of a criminal background check packet:

*Instate applicants submit the packet to their school of nursing.

*Applicants from out of state programs submit the packet via postal

1. Download the Licensure Exam Fingerprint Instructions and Authorization for Criminal Background Check form from the LSBN website.
2. Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the agency utilizes an electronic scan system, request that they scan your fingerprints and print the first FBI card, then scan your fingerprints again and print the second FBI card.
3. The fee for the fingerprint process is \$38.00 is paid through the Nurse Portal
4. Print off a copy of confirmation of application submission and fee payment and mail to LSBN with the fingerprint packet.
5. Submit original cards, authorization forms, and copy of verification of submission of application and payment via post service.

Fees

- All fees must be submitted through the Nurse Portal. All fees are non-refundable.
\$100.00 for Application for Licensure by Examination
\$38.00 for Criminal Background Check (if applicable)

Temporary Permits

• In accordance with R.S. 37:920, the Board of Nursing may issue temporary permits to practice as a registered nurse. Working permits may be issued to a graduate of an approved school pending the results of the first licensure examination, provided:

1. Examination is taken within 3 months of graduation
2. Person resides in Louisiana and plans to work in Louisiana
3. No evidence of violation of LAC 46: XLVII:3331 and
4. There are no allegations or acts of omission which constitute grounds for disciplinary action as defined in R.S.37:921 and LAC 46: XLVII:3403 and 3405.

• The RN Applicant temporary permit is good for 90 days from the date of graduation of the candidate. Permits are verifiable on LSBN website after the Board receives written notice from the educational program of satisfactory completion and a final Conferred Degree transcript, which shows the degree and the date the degree was granted. Temporary permits become null and void 90 days after graduation or when NCLEX results are received (whichever occurs first).

- Please allow up to three weeks after your graduation date to verify issuance of your temporary permit on the LSBN website.

During graduation time, LSBN experiences high volume of transcripts and processes them in order of receipt. Please do not call the LSBN to see if transcript has been received.

- You may register for Pearson Vue when you submit your application to LSBN. You do not have to wait for Temporary Permit to register for an ATT.

Registering for the NCLEX-RN

- You must register with PEARSON VUE.
- Registration can be done as soon as you submit your application. You do not have to have a temporary permit to register. Waiting until after receiving permit will result in a delay of receiving an ATT.
- The registration form is available online at www.pearsonvue.com/nclex
- You may register by telephone by calling (1-866-496-2539). You may use a valid VISA, MasterCard or American Express credit card. • Payment is to be made to the NCLEX OPERATIONS. Payment options and instructions are available at www.pearsonvue.com/nclex.

Eligibility (authorization to test) for NCLEX-RN

- Once LSBN has official transcripts with conferred degree, LSBN confirms eligibility for Licensure.
- An Authorization to Test will be sent from NCSBN PearsonVUE
- Instructions and a list of testing sites will be included with the Authorization to test

NCLEX-RN Results

- Official Examination results are released to the candidate within three weeks after testing.

It is the candidate's responsibility to maintain current contact information in the Nurse Portal (e-mail and mailing address).

**NCLEX-RN results are not provided by telephone.

**Licensure results cannot be forwarded.

- Quick Results Service is available through Pearson VUE website (www.pearsonvue.com/nclex) for a fee. These are unofficial results and cannot be used to authorize practice. Please wait two business days after your test before requesting these unofficial results. After signing into the website, follow the instructions for Quick Results Service to order and pay for these services.

- If a candidate fails the NCLEX-RN, the retake exam application may be accessed through the Nurse Portal. Registering for PearsonVUE is required.

NOTE: Candidate will not be able to schedule a test less than 45 days from original test date.

- Candidates unsuccessful in other states and are now applying to Louisiana are required to complete Initial Licensure by Examination application and provide verification of previous testing.

www.lsbm.state.la.us/Portals/1/Documents/Forms/OOSNCLEXVerificationForm.pdf

- Unsuccessful applicants **may not** be employed as RN Applicants. The RN Applicant permit becomes null and void once NCLEX results are issued by LSBM.

- Please refer to LSBM Rules and Regulations LAC 46: XVII.4303 (Employment of Unlicensed Persons)

- **Applicants for licensure by examination shall pass the exam within four attempts and within four years of graduation (LAC 46: XLVII.3325.D)**

- Four attempts include testing for any other jurisdiction prior to Louisiana

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](#)

***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:**

- \$38.00 – 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

Cynthia York, DNP, RN, CGRN, FRE

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

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, Louisiana 70810
Telephone: (225) 755-7500
www.lsbns.state.la.us

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