

**OFFICE USE ONLY:**

APPROVED BY (initial) \_\_\_\_\_

DATE PERMIT ISSUED \_\_\_\_\_

RN LICENSE NUMBER \_\_\_\_\_

DATE RN LICENSE ISSUED \_\_\_\_\_

**ATTACH 2 X 2 PHOTO**

**With tape only**

- Attach a 2 x 2 inch passport type, fade-proof photo taken in the last six (6) months
- On the back of picture, **sign and indicate date taken.**
- Use one small piece of tape at the top of the photo to secure.
- DO NOT use paperclips or staples to secure photo.

**LOUISIANA STATE BOARD OF NURSING**

17373 Perkins Road, Baton Rouge, Louisiana 70810

Telephone 225-755-7500

**Application for Licensure as Registered Nurse by Examination**

**A \$100.00 application fee in the form of a money order made payable to LSBN must accompany this form.**

**Applicants who have NOT previously submitted a Criminal Background Packet to LSBN:**

**A \$40.75 Criminal Background fee in the form of a money order made payable to "LSBN," two (2) ten-print fingerprint cards, and authorization to disclose criminal history records information must be submitted with this application for all applicants who have NOT previously submitted a Criminal Background Packet to LSBN. (Refer to Instructions for Completing Application for more information or requirements)**

**Fees are not refundable.**

**SECTION I. TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT LEGIBLY)**

1. Name: \_\_\_\_\_  
First Middle Maiden/Last Married Name

2. Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

*\* This is where you will receive all communication including Licensure information. Should this address change, it is your responsibility to notify LSBN. You MUST complete the change of address form found at LSBN website.*

3. Telephone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Alternate/Cell Phone No.: \_\_\_\_\_ **Personal** Email Address \* \_\_\_\_\_

*\* Please do not use a school e-mail address as these tend to be deleted after graduation.*

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(mm/dd/yyyy) (city, state, country)

5. Nursing School & Degree: \_\_\_\_\_  
(Diploma, ASN, BSN)

Mailing address of school \_\_\_\_\_

Contact person and Phone Number \_\_\_\_\_

**NCLEX Program Code:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_

**SECTION II. TO BE COMPLETED BY THE APPLICANT**

Yes \_\_\_ No\_\_\_ 1. Are you a citizen of the United States? If no, give Alien Registration No.: \_\_\_\_\_

Yes \_\_\_ No\_\_\_ 2. Have you ever applied for RN licensure by examination in Louisiana or in any other state or jurisdiction? If yes, what state/jurisdiction? \_\_\_\_\_ when? \_\_\_\_\_

- Include self narrative and verification from Board of Nursing as to number of applications and dates submitted, status of application(s) and why licensure process was not completed)

Yes \_\_\_ No\_\_\_ 3. Have you ever taken the RN licensure examination in Louisiana or in any other state or jurisdiction? If yes, what state/jurisdiction? \_\_\_\_\_ when? \_\_\_\_\_

- Include self narrative and verification number of attempts, dates of attempts, and results of each attempt)

Yes \_\_\_ No\_\_\_ 4. Have you ever been licensed as a Practical Nurse (LPN/LVN) in Louisiana or in any other state or jurisdiction? If yes, what state / jurisdiction? \_\_\_\_\_ when? \_\_\_\_\_

- \* Include **official letter** from Licensing Board for verification of good standing of licensure.

**Questions 5 - 11 - You must attach all requested documents listed for questions with “YES” answers. Applications will not be processed until the items are received. Do not write responses directly on this application. Please initial and date any errors made on this application.**

**If you previously checked “Yes,” disclosed and provided ALL of the listed documents:**

- Check “Yes” for appropriate question.
- Provide narrative as outlined under question and include statement regarding previous disclosure and submission of information to LSBN.
- If there is no new information/ please include statement stating this.

Yes \_\_\_ No\_\_\_ 5. Have you ever been issued:

- a citation or summons for,
- has/have warrant(s) been issued against you related to,
- have you been arrested, charged with, arraigned, indicted, convicted of,
- pled guilty/”no contest”/nolo contendere/”best interest” or any similar plea to,
- been sentenced for any criminal offense, in Louisiana or other jurisdiction?

**NOTE:** Even though an arrest or conviction has been 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.

**NOTE:** No person whose record of arrest or conviction has been expunged [ordered sealed, non-disclosed, and/or pardoned by a court in the applicant’s state or jurisdiction] shall be required to disclose to any person that he [she] was arrested or convicted of the subject offense, or that the record of the arrest or conviction has been expunged. La. C. Cr. P. art. 973 (C). If the applicant does not know the meaning of the terms set forth above, and/or has a question about the meaning of the terms, then it is incumbent upon the applicant to seek legal counsel.

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

If **no**, please skip to the next question:

Yes \_\_\_ No \_\_\_ Have you previously reported/provided the following information to board staff?  
If you checked "NO" and/or have NOT previously reported/provided the following, then:

- Provide a narrative **explanation** 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; and
  - 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. **No faxed arrest records or court documents.**

Yes \_\_\_ No \_\_\_ 6. 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?  
Have you had disciplinary action pending by a licensing board—other than by Louisiana State Board of Nursing—in any state or jurisdiction?

If **no**, please skip to the next question:

Yes \_\_\_ No \_\_\_ Have you previously reported/provided the following information to board staff?  
If you checked "NO" and/or have NOT previously reported/provided the following, then:

- Provide a narrative 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; and
- Enclose certified true copies of any/all other board actions by other licensing boards, along with any/all related and/or subsequent actions.

Yes \_\_\_ No \_\_\_ 7. Have you been discharged from the military on ground(s) other than an honorable discharge?

If **no**, please skip to the next question:

Yes \_\_\_ No \_\_\_ Have you previously reported/provided the following information to board staff?  
If you checked "NO" and/or have NOT previously reported / provided the following, then:

- Provide a narrative 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; and
- 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.

Yes \_\_\_ No \_\_\_ 8. Have you been named in a civil/malpractice case(s) or Medical Review Panel claim(s) relating to your practice of nursing? Have you been reported to the National Practitioner Data Bank? Have your clinical privileges been suspended, revoked, restricted or limited?

*If yes, then you must provide **ALL** of the following::*

- *Provide a narrative 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 claim(s) or medical malpractice suit(s), and any/all other relevant information; and*
- *Enclose photocopies of any/all Medical Review Panel claim(s), medical malpractice suit(s), along with any/all related records.*

Yes \_\_\_ No \_\_\_ 9. 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?

**NOTE:** Persons compliant with the LA Recovering Nurse Program may answer “NO.”

*If no, please skip to the next question:*

Yes \_\_\_ No \_\_\_ *Have you previously reported/provided the following information to board staff? If you checked “NO” and/or have NOT previously reported / provided the following, then:*

*Provide a narrative 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 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.*

Yes \_\_\_ No \_\_\_ 10. Have you had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs or alcohol? Have you been diagnosed as dependent upon/addicted to, or been treated for, dependence upon medications?

**NOTE:** Persons compliant with the LA Recovering Nurse Program may answer “NO” to this question.

*If no, please skip to the next question:*

Yes \_\_\_ No \_\_\_ *Have you previously reported/provided the following information to board staff? If you checked “NO” and/or have NOT previously reported / provided the following, then:*

▪ *Provide a narrative 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 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.*

Yes \_\_\_ No \_\_\_ 11. Do you require special testing accommodations?

If yes, you must attach a completed Request for Special Testing Accommodations for the NCLEX-RN available at <http://www.lsbn.state.la.us/Education/RNStudents.aspx> along with any relevant supporting documentation.

12. Your anticipated place of employment: (if known)

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Name / Location	Starting Date
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Yes \_\_\_ No \_\_\_ 13. Have you registered for the NCLEX in Louisiana with PearsonVue?

- If no, register at website, [www.pearsonvue.com](http://www.pearsonvue.com).

**SECTION III. AFFIDAVIT TO BE COMPLETED BY THE APPLICANT**

I, \_\_\_\_\_, being duly sworn, state that I am the person referred to in this application for licensure as a Registered Nurse by examination in the State of Louisiana; that the statements herein contained are true in every respect; that I have read and understand this affidavit. Falsification of any information accompanying or contained on this application will 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 Applicant

Sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expires \_\_\_\_\_

State of \_\_\_\_\_

Parish or County \_\_\_\_\_

(SEAL)  
IMPRINT THIS  
PAGE ONLY

**SECTION IV. AFFIDAVIT TO BE COMPLETED BY THE HEAD OF THE NURSING PROGRAM**

\_\_\_\_\_,  
First Middle Maiden/Last Married

Is hereby verified to the Louisiana State Board of Nursing as a candidate from:

\_\_\_\_\_  
School of Nursing Location

Has this candidate applied for licensure in any other state or jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what state or jurisdiction? \_\_\_\_\_ when \_\_\_\_\_

Do you know of any fact(s) or reason(s) which would disqualify this candidate? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach an explanation.

Did the student have clinical learning experiences with clients having nursing care needs in all age groups and stages of the health illness continuum as appropriate to the role expectations of the graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the student have classroom and clinical laboratory instruction under the supervision of a faculty member of the nursing program? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide the name(s) of the accrediting/approval bodies for the program at the time of the candidate's graduation:

Board of Nursing: \_\_\_\_\_ Regional Accreditation: \_\_\_\_\_

National Nursing Accreditation: \_\_\_\_\_

If you use a third party vendor for transcript submission, please provide the name of the authorized service:

\_\_\_\_\_  
Please note that LSBN requires official notification on letterhead from the University to be on file at our agency regarding acceptance of your third party vendor transcripts for licensure. If notification has not already provided to LSBN please provide. Letter must contain the contract dates and must be resent when renewed.

Anticipated Date of Completion: \_\_\_\_\_

(SEAL OF SCHOOL)  
IMPRINT THIS  
PAGE ONLY

Anticipated Date of Graduation: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Program Head – School of Nursing** **Date**