

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

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

INSTRUCTIONS FOR APPLYING FOR RN REINSTATEMENT

Please note the continuing education (CE) and nursing practice requirements for re-licensure must be met in order to reinstate your license. If you have not worked in nursing for 5 years or more, please contact our Reinstatement Department at (225) 755-7520 for further information before submitting an application through the Nurse Portal. All fees are non-refundable.

If your Louisiana Registered Nurse (RN) license has been Inactive, Delinquent or Retired for five (5) years or more, you are required to submit to a Criminal Background Check (CBC) as part of the reinstatement process. Please refer to the Fingerprint Instructions and Authorization Forms for Criminal Background Check (CBC). All CBC documents must be *mailed* to the board office and include the cover sheet: “Supplemental Documentation Required for RN Reinstatement Processing”.

In addition to completing an application online via the ‘Louisiana Nurse Portal’, you will be required to **mail** specific paper documents to the LSBN office. Said documents include an Affidavit of Verification to the LSBN office. The form is located here: <http://www.lsbn.state.la.us/Portals/1/Documents/Forms/AffadavitofVerificationRN.pdf>. All paper documents received must be processed by LSBN staff before your license can be reinstated. To enable staff to correctly identify documentation submitted to the board, you must include the cover sheet: “Supplemental Documentation Required for RN Reinstatement Processing”.

To apply for license reinstatement, complete the Application for Reinstatement. As part of the reinstatement process, you will be required to **upload** the RN Verification of Employment (VOE) form completed/signed by last year’s nursing employer. Click here for VOE from: <http://www.lsbn.state.la.us/Portals/1/Documents/Forms/RNEmploymentVerificationForm.pdf>. NOTE - If you did not practice as a RN last year, you must upload a signed letter of explanation regarding the reason. The statement should include the last date and place you worked and the type of nursing employment you plan to seek once reinstated.

Fees:

\$100.00 – application for reinstatement.

\$138.00 – application for reinstatement **with** a CBC (if your Louisiana RN license has been Inactive, Delinquent or Retired for five (5) years or more). This total includes: \$100.00 application fee and \$38.00 CBC processing fee.

\$148.00 – application for reinstatement with a CBC (if your Louisiana RN license has been Inactive, Delinquent or Retired for five (5) years or more) and ‘LiveScan’ fingerprinting at the LSBN office. This total includes: \$100.00 application fee, \$38.00 CBC processing fee and \$10.00 ‘LiveScan’ fee. All fees must be paid electronically through the ORBS portal, except the \$10.00 LiveScan fee which must be presented at the time of fingerprinting in the form of a bank cashier’s check or money order.

You will also be required to **upload** documentation demonstrating that you have met LSBN nursing continuing educational (CE) requirements. All CE certificates must reflect your name, the date completed, the number of contact hours, and accreditation by either the American Nurses Credentialing Center (ANCC) or a U.S. state Board of Nursing (BON).

Options for proof of CE:

#1) Continuing education certificates:

Option A: Full time employment last year (minimum of 1,600 hours): submit proof of 5 contact hours completed in the last calendar year;

Option B: Part-time employment last year (minimum of 160 hours): submit proof of 10 contact hours;

Option C: PRN last year (less than 160 hours) - or - did not work at all, you must submit either a minimum of 15 contact hours for each year your Louisiana license was inactive/delinquent (CEs must be dated within the last four years) – or - proof of having completed a LSBN approved RN Refresher Course. A list of approved refresher courses is available on LSBN's website:

<https://www.lsbn.state.la.us/Portals/1/Documents/Forms/RNRefresherCourses.pdf>.

NOTE – If you do not have sufficient ANCC or state BON accredited CEs awarded in the year preceding application for reinstatement, you may complete them now to upload with the reinstatement application. You will need to complete additional CEs to qualify for licensure renewal.

2) Copy of current certification letter/card issued by a national nursing specialty organization approved by the LSBN. A list of approved certifying organizations is available

here <http://www.lsbn.state.la.us/Portals/1/Documents/Audit/CertAgency.pdf>.

3) Copy of an official transcript showing academic credit awarded last calendar year in a nursing course. NOTE: To utilize this option, you must be a student/graduate enrolled in a LSBN accredited program for a post-secondary nursing degree and awarded academic credit in coursework specific to nursing last year.

Once you've uploaded all required documents and completed the RN reinstatement application via the 'Louisiana Nurse Portal', please visit your Nurse Portal dashboard for the status of your application. Licensure verification is available free of charge through the LSBN homepage 'Licensure Verification'. Applications expire one (1) year from date submitted.

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www.lsbn.state.la.us

RN EMPLOYMENT VERIFICATION FORM - REINSTATEMENT

TO BE COMPLETED BY THE NURSE'S EMPLOYER AND RETURNED TO THE NURSE TO UPLOAD WITH HIS/HER REINSTATEMENT APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

This is to certify that _____ is/was employed as a
Please PRINT the Registered Nurse's name above

Registered Nurse (RN) during _____ (preceding calendar year) as follows:

- 1,600 hours or more of nursing practice (equivalent to 10 months @ 40 hours per week)
- 160 to 1599 hours of nursing practice → Provide total hours worked: _____
- 159 (or less) hours of nursing practice

Provide RN's employment dates below:

From: _____ To: _____
Original hire date: Month/Day/Year format Provide last day nurse physically worked: Month/Day/Year

Name of Hospital/Agency: _____

Department/Unit: _____

Address / City / State: _____

Telephone Number: _____ Fax Number: _____

Verifier's Email Address: _____

Is the above RN eligible for rehire with your facility/institution: Yes -

No -

TYPE or PRINT clearly both name and title of company representative completing this form.
Please provide all contact information requested above in case LSBN needs to contact you for verification.

Signature of the supervisor/authorized personnel noted above

Date signed/verified

Note to Employer – The above individual does not currently hold an active nursing license in the state of Louisiana and is applying for Reinstatement. Completion of this form by your office will indicate this individual's practice level last year to define the quantity of accredited CNE the applicant must submit to LSBN. *Please return this completed form back to the nurse so he/she can supply it along with their reinstatement application.*

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Tel: (225) 755-7500 or (225) 755-7520

Attention: RN Reinstatement Department

Supplemental Documentation Required for RN Reinstatement Processing

Applicant' Name:	
Social Security Number:	
Telephone Number:	
Email Address:	

Attn: Reinstatement Department

- I have submitted an **electronic** Application for Reinstatement of RN license via the online Louisiana Nurse Portal.
- I am submitting herewith, as required, the following original **paper** documents:
 - Original, completed, notarized Affidavit of Verification form:
<http://www.lsbm.state.la.us/Portals/1/Documents/Forms/AffadavitofVerificationRN.pdf>

Since my Louisiana RN license has been inactive/retired/delinquent for five (5) years or more, I am also submitting the following documents and fees.

- Form CBC1(a) Authorization for Criminal Background Check (CBC – Page I) and Form CBC1(b), Authorization for Criminal Background Check (CBC – Page II).
- Two completed Fingerprint Cards (not required if completing 'Live-Scan' fingerprinting in-person at the LSBN office after submitting the RN Reinstatement Application online via the 'Nurse Portal'.
Note: Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the law enforcement agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (1st) FBI card, then scan your hands again to print your fingerprints on the second (2nd) FBI card.

Note: If presenting to the LSBN office for 'Live Scan' fingerprinting, you will need to include an extra \$10.00 fee. Please arrive at the LSBN office in the morning (before lunchtime) if choosing 'Live Scan' fingerprinting. 'Live Scan' fingerprinting cannot be performed after 3:00 pm (Central Standard Time). The LSBN office opens at 8:30 am weekdays and closes for all state and federal holidays.

Signature of Applicant

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](#)

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

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

- Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the law enforcement agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (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 70810
CITY STATE 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

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REQUEST CORRECTION TO APPLICATION

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

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

Name: _____ Date of Birth: _____

Last 4 digits of social security#: _____

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

Select One:

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

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

Signature of Applicant

Date