

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Tel: (225) 755-7500 or (225) 755-7517

Fax: (225) 755-7581

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

## **INSTRUCTIONS FOR APPLYING FOR APRN LICENSURE BY EXAMINATION**

We are pleased that you are requesting licensure as an Advanced Practice Registered Nurse in Louisiana. In the State of Louisiana, licensure is mandatory for a Certified Nurse Practitioner (CNP), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM) and Certified Registered Nurse Anesthetist (CRNA). You may not practice as an APRN or utilize any associated titles in Louisiana until the Louisiana State Board of Nursing (LSBN) has issued to you an APRN license.

Following are instructions to apply for Advanced Practice Registered Nurse **initial licensure by examination**. You are expected to complete all applications and forms carefully, correctly, and accurately. Incorrect or incomplete applications will delay licensure. Falsifying applications is illegal. If you have *ever* been licensed as an APRN *in another U.S. State*, please see the separate application for Initial APRN licensure by Endorsement in the LSBN Nurse Portal. If you were previously licensed as an APRN in Louisiana, but that license is inactive/lapsed, instructions and forms on how to apply for Reinstatement are also available in the LSBN Nurse Portal.

**NOTE:** Louisiana nursing licenses initially issued are **calendar** year licenses that must be renewed before the expiration date. Subsequent renewals are biennial (every 2 years). All licenses expire January 31<sup>st</sup> if not successfully renewed online by the nurse prior to the expiration date.

All fees are non-refundable. The application fee is \$100, and the fee for a criminal background check is \$39.25 (and is subject to change periodically).

If you wish to apply for licensure in more than one role or population (i.e. FNP and AGACNP or CNM and WHNP), you must submit an application for APRN licensure **and** a separate application for licensure in an *additional* role/population. You may not apply for licensure in more than one role or population in a single application. The application for licensure in an *additional* role or population will not be processed until the initial licensure application is submitted and the APRN license has been issued.

*The applicant will be notified via the Nurse Portal when the application has been approved or if additional information is required.* Check the Nurse Portal for status updates as well as the email entered as the username in the Nurse Portal for correspondence. Any additional information needed and approval letters will be sent only to the email address associated with the Nurse Portal account.

### **SECTION A: ELIGIBILITY CRITERIA FOR APRN LICENSURE BY EXAMINATION**

1. Possess a current/valid, unrestricted Louisiana Registered Nurse (RN) license;
2. Possess a minimum of a graduate degree or post graduate award with a concentration in the respective APRN role and population focus from an accredited college or university that meets the curriculum guidelines established by the Louisiana State Board of Nursing;  
  
\*Consideration may be given to those who prior to December 31, 1995 had completed or been continuously enrolled in a formalized post-basic education program preparing for the APRN role and population focus.
3. Possess current national certification in the specific APRN role and population focus for which you are applying to LSBN for licensure;
4. Completion of the APRN educational program must have occurred within the preceding 2 years;
5. Not have grounds for or pending disciplinary action upon your Louisiana RN or other APRN licenses;
6. Not have pending disciplinary action by any nursing or other health regulatory board in any US state or in a country outside the US; and
7. Not have pending civil or criminal charges in any US state or in a country outside the US;

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

1. Applicant must submit completed application for licensure by examination, fees and other required documents within one (1) year of LSBN having received the application;
2. Applicant must cause to have mailed directly to the LSBN, an official set of **transcripts**. Electronic submissions are not accepted. Official transcripts are those sent directly to the LSBN by the university/school that issued course credit. Transcripts will not be accepted from applicants, even if mailed to the LSBN in a sealed envelope. If the university/school utilizes a third party vendor service, same must have been preapproved by the LSBN. Please see instructions/forms at <http://www.lsbn.state.la.us/Portals/1/Documents/Forms/3rdpartytranscripts.pdf>;
3. Applicant must cause to have mailed directly to the LSBN **Verification of Advanced Practice Education** (form **AP2**) sent directly to the LSBN by the university/school that awarded the educational degree;
4. Applicant must cause to have mailed or emailed directly to the LSBN **Verification of Certification** sent directly to the LSBN by the certifying body;
5. An original, signed, notarized **Affidavit of Verification** sent directly to the LSBN office **via US postal mail** <http://www.lsbn.state.la.us/Portals/1/Documents/Forms/AffidavitofVerificationAPRN.pdf>; and
6. Applicant must submit to a **criminal background check** (CBC). The criminal history record information check is authorized under the Nurse Practice Act, Louisiana Revised Statutes 37:920.1 and are required as part of the licensure process. The **CBC packet along with a copy of your receipt of payment must be submitted directly to the LSBN via postal mail after you have submitted the APRN application**. A complete CBC packet consists of: two (2) CBC authorization forms, two (2) FBI fingerprint cards, and the CBC fee.  
**NOTE** – *If* you wish to have your fingerprints scanned in person (‘LiveScan’) at the Louisiana State Board of Nursing (LSBN) office, you must you must bring a copy of your receipt generated after you have successfully completed and submitted your application for APRN licensure. You must also bring an additional \$10.00. Only a Money Order *or* Bank Cashier’s Check are accepted. ‘LiveScan’ fingerprinting must be completed before 3:00 pm central standard time (CST). The LSBN office opens at 8:30 am (CST) 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 have submitted the application electronically prior to presenting for the ‘LiveScan’.
7. Submit a copy of a current/valid government issued photo identification (i.e. US Residency Card or Green Card, passport or driver’s license) which is required to be electronically uploaded during the application process.

**SECTION C: APRN TEMPORARY PERMITS** are available only in very select circumstances and are *not available to new graduates*.

To be eligible to request an APRN temporary permit, you must meet one (1) of the following criteria:

- have a two (2) or more year gap between education and/or clinical experience and the date your application for licensure as an APRN is submitted to LSBN; *or*
- have applied (or now applying) to LSBN for reinstatement of your prior Louisiana APRN license, and national recertification is pending; *or*
- have otherwise been directed by the Board regarding eligibility to apply for the temporary permit.

If you meet one of the requirements for an APRN temporary permit as explained above, please provide along with your application a signed written explanation that indicates which criteria applies.

If you have any questions regarding the APRN application process, please call (225) 755-7517 or (225) 755-7500 (option # 6) and ask to be connected to the Licensing Analyst handling APRN licensure.

**\*\*\*\*Prior to engaging in medical diagnosis and management as an APRN, including writing orders and/or prescriptions, the APRN must obtain a letter of approval issued to the nurse by LSBN indicating approval for prescriptive authority (PA) privileges in the State of Louisiana in collaboration with licensed physician(s). The separate application required to apply for initial PA privileges in Louisiana is available on the LSBN Nurse Portal. The nurse must wait until his/her Louisiana APRN license has been issued (i.e. ‘active’) before the nurse can submit application forms to obtain LSBN approval for PA privileges.**

**Please Note** – If you have ever had a previous arrest (even if charges/arrest were later expunged or dismissed) and/or past board action that was not already disclosed and reviewed by LSBN Board staff, then additional documentation will be required when applying for APRN licensure. Along with the APRN application, submit the information requested in the associated compliance question within the application.

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## VERIFICATION OF ADVANCED PRACTICE NURSING EDUCATION

### PART I – APRN Applicant Information

**Applicant Instructions:** Fill out the **top** portion of this form and forward to the educational institution from which you obtained your advanced practice nursing education. This form must be completed and submitted to the Louisiana State Board of Nursing (LSBN) office **directly** by the educational institution. An **official** set of transcripts indicating an advanced practice nursing degree was **conferred** (or certificate issued if post-grad) must also be **mailed directly** to LSBN by the School.

|  |        |                  |
|--|--------|------------------|
| Name (First, Middle, Maiden, Married): |        |                  |
| Street Address:                        |        |                  |
| City:                                  | State: | Zip Code:        |
| Social Security #:                     |        | Date of Birth:   |
| Louisiana RN License Number:           |        | Expiration Date: |
| Signature of Applicant:                |        | Date Signed:     |

### PART II – Verification of Advanced Practice Education

**Educational Institution Instructions:** Please complete the following information, noting any exceptions to the information requested. Please fill out all portions of this form and mail to the Louisiana State Board of Nursing (LSBN) at the address noted above. An **official set of the applicant's conferred transcripts** must also be mailed to LSBN *directly* from the School.

|   |   |                      |
|---|---|----------------------|
| Name of Educational Institution: _____  |   |                      |
| I certify that _____ completed the advanced nursing program   |   |                      |
| <small>print name of graduate above</small>   |   |                      |
| indicated below and completed ALL requirements for conferring a Master's degree in nursing or Post Graduate award/certificate as of the date this form has been signed and not after.   |   |                      |
| <b>Type of Advanced Nursing Educational Program:</b>  | <b>Advanced Practice Role:</b>  |                      |
| <input type="checkbox"/> * Certificate <input type="checkbox"/> Post Graduate<br><input type="checkbox"/> * Diploma <input type="checkbox"/> Doctorate<br><input type="checkbox"/> Masters<br><input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Certified Nurse Midwife (CNM)<br><input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA)<br><input type="checkbox"/> Clinical Nurse Specialist (CNS)<br><input type="checkbox"/> Certified Nurse Practitioner (CNP) |                      |
| <small>* Certificate or Diploma only applicable if enrolled <u>prior</u> to December 1995</small>   |   |                      |
| Provide the <i>specific</i> APRN Role and Population Focus completed by graduate: _____<br>(Examples: CRNA; CNM; Family NP; Adult NP; Pediatric NP; Adult Psychiatric Mental Health CNS, etc.)  |   |                      |
| Date Enrolled: _____  | Date Completed (provide month, day, and year): _____  |                      |
| _____<br>Signature of Program Administrator   |   | _____<br>Date Signed |
|   |   | (SEAL)               |

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## FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

- 1) **Authorization Forms:** Complete, sign and date **both** of the following CBC authorization forms and submit to LSBN together with the appropriate licensure application (if applicable), fees, and two (2) fingerprint FBI cards:

\* **CBC1a:** [Authorization for Criminal Background Check – Page I](#)

\* **CBC1b:** [Authorization for Criminal Background Check – Page II](#)

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

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

- Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the law enforcement agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (1<sup>st</sup>) FBI card, then scan your hands again to print your fingerprints on the second (2<sup>nd</sup>) FBI card.
- The following suggestions may improve the quality of your fingerprints to ensure LSBN receives the results of your CBC promptly:
  - Hands must be clean and dry. Wash your hands vigorously with warm water and dry thoroughly immediately prior to being fingerprinted.
  - If hands are very dry or cracked, wash hands and apply a touch of moisturizer onto fingertips, removing any excess lotion with paper towel prior to being fingerprinted. This may help raise the ridges for printing.
- L.A.C.46:XLVII.3330 J-K states:
  - *If the fingerprints are returned from the Department of Public Safety as inadequate or unreadable, the applicant, or licensee must submit a second set of fingerprints and fees, if applicable, for submission to the Department of Public Safety.*
  - *If the applicant or licensee fails to submit necessary information, fees, and/ or fingerprints, the applicant or licensee may be denied licensure on the basis of an incomplete application or, if licensed, denied renewal, until such time as the applicant or licensee submits the applicable documents and fee.*
- View both FBI cards *before* you leave the facility where you're being fingerprinted. If any of the fingerprints are outside the boxes, appear too light, too dark, or obviously smudged, have the technician prepare an extra set of cards and submit **both sets** (all four cards) along with your forms. **Protect both FBI cards from smudges. Do not fold or staple. Do not submit 2 copies of the same prints.**
- **All fingerprint cards must be signed by the applicant/nurse with all sections filled out completely with the exception of the "employer and address" section.**
- Individuals who are *already licensed Registered Nurses* may opt to have fingerprints scanned in person at the LSBN office ('LiveScan') by board staff instead of submitting paper FBI cards. 'LiveScan' fingerprinting must be completed before 3:00 pm central standard time (CST). The LSBN office opens at 8:30 am (CST) but closed for all state and federal holidays. Please arrive at the LSBN office by midday to allow sufficient time for processing if using the 'LiveScan' CBC option. The nurse must have submitted the completed application online through the Louisiana Nurse Portal prior to arriving for 'LiveScan' fingerprinting.

2) **Fees due LSBN for CBC:**

- \$39.25 – Paid electronically with submission of your application through the Nurse Portal; and an additional \$10.00 – Payable to Louisiana State Board of Nursing (LSBN) only if coming in person to the LSBN office for the 'LiveScan' service. (Available to **Licensed Registered Nurses only**).

***The additional fee for LiveScan must be paid by Money Order or Bank Cashier's Check payable to LSBN***

**NOTE:** If you are submitting to a CBC because you are applying for licensure or permission to enroll in clinical nursing courses, please read the **application instructions** carefully regarding payment of fees. Some application instructions will provide a 'total fee' to submit along with the application which may include the CBC fee noted above.

\*\*\*Criminal history records check is authorized under the Nurse Practice Act, **Louisiana Revised Statutes 37:920.1**

# Authorization for Criminal Background Check (CBC) – Page I

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***  
**\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\***

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

Criminal history records check is authorized under the Nurse Practice Act, Louisiana Revised Statutes 37:920.1.

See instructions for submission of fees.

**Louisiana State Board of Nursing**

FACILITY OR AGENCY

**Patricia A. Dufrene, PhD, RN**

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**Monique Calmes, APRN, FNP-BC**

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**17373 Perkins Road**

MAILING ADDRESS

SIGNATURE OF LSBN AUTHORIZED REPRESENTATIVE

**Baton Rouge, LA**

CITY STATE

**70810**

ZIP CODE

**(225) 755-7500**

FACILITY OR AGENCY PHONE NUMBER

**Request For: (pick one only)**

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- CASA
- CONCEALED HANDGUNS
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DEPARTMENT OF LABOR
- DEPARTMENT OF PUBLIC SAFETY
- EMPLOYERS
- FIREFIGHTERS
- GAMING
- HEALTH CARE PROVIDER
- IMMIGRATION
- JUVENILE DETENTION CENTER
- DEPARTMENT OF INSURANCE
- MANUFACTURED HOUSING
- MEDICAL EXAMINERS
- OCS FOSTER/ADOPTIVE
- OCS PERSONNEL

- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- PHARMACY BOARD
- POSTSECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- PUBLIC TAG AGENT
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIVERBOAT PILOTS
- SCHOOL
- SENATE AND GOVERNMENTAL AFFAIRS
- TAXI DRIVERS
- USED MOTOR VEHICLE COMMISSION
- VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS

**\*\* Please print all except Signature \*\***

APPLICANT NAME:

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME (if different)  
{Provide any and all 'other' Last Names held which are not listed above in the bottom margin of this page}

APPLICANT SIGNATURE: \_\_\_\_\_

APPLICANT SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states' files, FBI and/or international files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

FORM NBR: CBC – 1a

**Authorization for Criminal Background Check (CBC) – Page II**

**APPLICANT PROCESSING-DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION  
P.O. BOX 66613 (MAIL SLIP A-6)**

LSPAPPR/R8.03

**LOUISIANA STATE BOARD OF NURSING**

AGENCY

**NOTICE:**

PLEASE PRINT OR TYPE INFORMATION,  
EXCLUDING ADMINISTRATORS OR  
AUTHORIZED PERSON SIGNATURE.  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED.

**17373 Perkins Road**

MAILING ADDRESS

**Baton Rouge**

CITY

**LA**

STATE

**70810**

ZIP CODE

*Provide/print the following information below:*

\_\_\_\_\_  
APPLICANT'S FULL NAME (print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_  
RACE SEX

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY  
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**DO NOT WRITE BELOW THIS LINE: (FOR BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION USE ONLY)**

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

**CRIMINAL HISTORY DETERMINATION:**

**RAPSHEET ATTACHED**

**RESPONSE BELOW**

# 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:

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

\_\_\_\_\_  
Date