

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 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 RN without a license from the Louisiana State Board of Nursing (LSBN).

ELIGIBILITY CRITERIA FOR RN LICENSURE BY ENDORSEMENT

1. Completed application for endorsement, fees and other required documents within one (1) year of LSBN application received date stamp;
2. Evidence of initial RN licensure in another US state, territory, or country;
3. Evidence of current RN licensure issued directly from the jurisdiction of last employment;
4. Evidence of successful completion of 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 US state board of nursing (BON) in which the program had met or exceeded the nursing education standards/requirements for nursing programs in Louisiana, *or*
 - c. A nursing program located in another country.
5. LSBN receipt of an official set of transcripts **mailed** directly to the LSBN. 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>.
6. Graduates from Excelsior and/or Deaconess College, must also:
 - i. Provide documentation supporting the equivalency of six (6) months to one (1) year full-time clinical experience as a **RN** in a staff position under RN supervision in another US 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*’, provide verification of RN employment dates and supervisor’s contact information.
7. You must have scored at least 1600 or “pass” on pass/fail scale on the National Council Licensure Examination (NCLEX-RN) –**OR-** score of 350 or above in each area on the State Board Test Pool Examination (SBTPE).
8. You must not have pending disciplinary action by any nursing or other health regulatory board in any US state or in a country outside the US.
9. You must not have pending civil/criminal charges in any US state or in a country outside the US.

10. You must submit evidence of proficiency in the English language, if a graduate of a nursing program offered in internationally;
11. You must submit to a criminal background check (CBC).
12. You must **upload** a copy of current/valid government issued photo identification (i.e. US passport or driver's license) during the electronic application process.
13. You must cause to be submitted directly to the LSBN office, verification of RN licensure as follows:
 - i. Original state where nursing board examination was taken (even if that RN license has expired) **-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 required from the state 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 one (1) official verification will be required.
- b. You must utilize the NurSys.com electronic RN licensure verification system. If the state BON does not participate in Nursys.com, utilize Verification of Nursing License.

14. Criminal Background Check

- a. Criminal history records check is authorized under the Nurse Practice Act, Louisiana R.S. 37:920.1. Please see Fingerprint Instructions for Criminal Background Check, Authorization for Criminal Background Check CBC1(a) and Authorization for Criminal Background Check CBC1(b).

15. You must have been issued a United States Social Security Number

- a. All applicants are required to provide a US Social Security Administration Number (SSN) on the endorsement application. Social insurance numbers from Canadian Provinces are not accepted.
- b. Your SSN is used to verify your identity for licensing purposes as well as compliance with the Federal codes outlined below. 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.
- c. 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.*

Temporary Permits (90 days)

16. LSBN offers a 90 day temporary endorsement permit, for an additional fee, that allows the applicant to practice nursing in Louisiana until full RN licensure can be issued.

- a. A 90 day temporary endorsement permit may be requested by individuals who:
 - Reside in and plan to work in the state of Louisiana;
 - Hold a current/active and unencumbered RN license from another US state or jurisdiction;
 - Obtained an original RN nursing degree from an accredited (LSBN recognized) diploma, associate degree, baccalaureate and/or masters nursing education program in the US;
 - Wrote the NCLEX-RN with a passing score of 1600, or “pass” on a pass/fail scale, or had written a US SBTPE and earned a score of 350 or above on each test area;
 - 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.
- b. You may request a 90 day temporary endorsement permit with your electronic endorsement application **or** by ‘walk-in’ service at the LSBN office. Walk-in service is provided Monday through Friday 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 CBC. The LSBN office is closed for state and federal holidays and for other events as stated on the website.
- c. Requirements for temporary permit walk-in service:
 - Submission of an electronic RN Endorsement application
 - A money order or bank cashier’s check for appropriate fees.
 - An original current/valid government issued photo identification (i.e. US passport or driver’s license).

17. Fees

\$138.00 - application for full licensure, **without** a 90 day temporary endorsement permit. This total includes: \$100.00 application fee and \$38.00 CBC processing fee.

\$148.00 - application for full licensure, **without** a 90 day temporary endorsement permit 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.

\$238.00 - application for full licensure **WITH** a 90 day temporary endorsement permit. This total includes: \$100.00 application fee; \$100.00 temporary permit fee; and \$38.00 CBC processing fee.

\$248.00 - application for full licensure, **WITH** a 90 day temporary endorsement permit and ‘LiveScan’ fingerprinting at the LSBN office. This total includes: \$100.00 application fee; \$100.00 temporary permit 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.

ADDITIONAL REQUIREMENTS FOR INTERNATIONALLY EDUCATED NURSES (educated outside the US)

Options for licensure:

1) **Licensure by examination** (those IENs who have **not** taken the NCLEX-RN or SBTPE in any country, US state or territory):

*Step one: contact the Commission on Graduates of Foreign Nursing Schools (GGFNS) and:

1) register to take the CGFNS Qualifying Exam. The CGFNS Qualifying Exam is administered in the US and over 80 other countries. For more information, please go to the CGFNS website: www.cgfns.org. Once you have taken and passed the CGFNS Qualifying Exam, you must have CGFNS issue an official certificate directly to the LSBN.

2) request a Credentials Evaluation Service Report (CESPR) be issued directly to LSBN. The CESPR analyzes international education and licensure in terms of comparability to Louisiana requirements.

*Step two: pass an English proficiency examination administered by either the Test of English as a Foreign Language (TOEFL) or the International English Testing System (IELTS) (academic version). Once you have passed the examination, you must have a test report from the educational testing service issued directly to LSBN. *Please refer to the English proficiency testing agencies for report expiration dates.*

*Step three: complete and submit an application for licensure by **examination** to the LSBN, along with required fees and supporting documents, including a copy of current/valid government issued photo identification (i.e. US Residency Card or Green Card, passport or driver's license).

*Step four: once LSBN staff has received all necessary fees and documents, they will determine your eligibility status to sit for the NCLEX-RN. You will be notified in writing when the review process has been completed.

-OR-

2) **Licensure by endorsement** (those IENs who **have** taken the NCLEX-RN in any country, US state or territory):

***Step one:** contact the Commission on Graduates of Foreign Nursing Schools (GGFNS) at: www.cgfns.org and request a Credentials Evaluation Service Report (CESPR) be issued directly to LSBN. The CESPR analyzes international education and licensure in terms of comparability to Louisiana requirements.

***Step two:** pass an English proficiency examination administered by either the Test of English as a Foreign Language (TOEFL) or the International English Testing System (IELTS) (academic version). Once you have passed the examination, you must have a test report from the educational testing service issued directly to LSBN. *Please refer to the English proficiency testing agencies for report expiration dates.*

***Step three:** complete and submit an application for licensure by **endorsement** to the LSBN, along with required fees and supporting documents, and a copy of current/valid government issued photo identification (i.e. US Residency Card or Green Card, passport or driver's license). The application and instructions may be located at <http://www.lsbns.state.la.us/Portals/1/Documents/Forms/RNEndorsementApplication.pdf>.

CANADIAN EDUCATED NURSES (except Quebec) - if you wrote the NCLEX-RN **or** the Canadian Nurses Association Testing Service Examination (CNATS), *written in the English language*, a verification of nursing license form must be completed by your original Canadian province and mailed directly to the LSBN. Verification of nursing license will also be required from the US 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.

NOTE: Internationally Educated Nurses are not eligible for the 90-Day Temporary Permit.

All IENs must have been issued a US SSN. If you do not have a US SSN:

1) 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. RN licensure will not be issued without an US SSN.

2) you will not be able to apply for licensure electronically. Please contact the LSBN board office for instructions.

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

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Attention Endorsement Department

Supplemental Documentation Required for Endorsement Processing

Applicant' Name:	
Social Security Number:	
Telephone Number:	

Attn: Endorsement Department

- I have submitted an **electronic** Application for RN Licensure by Endorsement 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.lsbn.state.la.us/Portals/1/Documents/Forms/AffadavitofVerificationRN.pdf>
 - 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 at the office)
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.
 - \$10 Bank Cashier's Check or Money Order (required if completing Live-Scan Fingerprinting at our office)

Signature of Applicant

Date

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](#)

***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 application. **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 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.

- 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) if coming in person to the LSBN office to have your hands scanned using the 'LiveScan' equipment. (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******

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

- \$38.00 – Payable to Louisiana State Board of Nursing (LSBN) if paper FBI fingerprint cards are submitted
- **OR** -
- \$48.00 – 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, Ph.D., RN

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

Cynthia York, DNP, 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)

- | | |
|--|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION
<input type="checkbox"/> ALCOHOL BEVERAGE OUTLET
<input type="checkbox"/> CASA
<input type="checkbox"/> CONCEALED HANDGUNS
<input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE
<input type="checkbox"/> DAYCARE
<input type="checkbox"/> DENTISTRY BOARD
<input type="checkbox"/> DEPARTMENT OF LABOR
<input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY
<input type="checkbox"/> EMPLOYERS
<input type="checkbox"/> FIREFIGHTERS
<input type="checkbox"/> GAMING
<input type="checkbox"/> HEALTH CARE PROVIDER
<input type="checkbox"/> IMMIGRATION
<input type="checkbox"/> JUVENILE DETENTION CENTER
<input type="checkbox"/> DEPARTMENT OF INSURANCE
<input type="checkbox"/> MANUFACTURED HOUSING
<input type="checkbox"/> MEDICAL EXAMINERS
<input type="checkbox"/> OCS FOSTER/ADOPTIVE
<input type="checkbox"/> OCS PERSONNEL | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS
<input type="checkbox"/> OFFICE OF PUBLIC HEALTH
<input type="checkbox"/> PHARMACY BOARD
<input type="checkbox"/> POSTSECONDARY EDUCATION
<input type="checkbox"/> PRACTICAL NURSING
<input type="checkbox"/> PRIVATE ADOPTION
<input type="checkbox"/> PRIVATE INVESTIGATORS
<input type="checkbox"/> PRIVATE SECURITY
<input type="checkbox"/> PUBLIC HOUSING
<input type="checkbox"/> PUBLIC TAG AGENT
<input checked="" type="checkbox"/> REGISTERED NURSING
<input type="checkbox"/> RELIGIOUS ACTIVISTS
<input type="checkbox"/> RIVERBOAT PILOTS
<input type="checkbox"/> SCHOOL
<input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS
<input type="checkbox"/> TAXI DRIVERS
<input type="checkbox"/> USED MOTOR VEHICLE COMMISSION
<input type="checkbox"/> 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