

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

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[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.

The 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.

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 Registered Nurse (RN) license in Louisiana or have a current, valid, unrestricted RN license with multistate privileges from a state that participates in the Nurse Licensure Compact;
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 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 of 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 sent directly to the LSBN, an official set of **transcripts**. Electronic submissions are accepted from escrip, Parchment, or the National Student Clearinghouse. Official transcripts are those provided directly from the university/school that issued course credit or the school's authorized transcript service
  - a. as previously named. Transcripts will not be accepted from applicants, even if mailed to the LSBN in a sealed envelope;
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. LSBN conducts a background check of applicants through the "Louisiana State police" and the "Federal Bureau of Investigation (FBI)" as part of its application process as required by law. All applicants are required to submit their fingerprints at an Indentogo location of your choice. Please follow the instructions at <https://www.lsbn.state.la.us/wp-content/uploads/credentialing/fingerprintinstructions.pdf>.
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) 755-7521 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:
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 style="margin-left: 100px;">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><u>Type of Advanced Nursing Educational Program:</u></b> <input type="checkbox"/> * Certificate <input type="checkbox"/> Post Graduate Certificate <input type="checkbox"/> * Diploma <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Other (specify): _____	<b><u>Advanced Practice Role:</u></b> <input type="checkbox"/> Certified Nurse Midwife (CNM) <input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA) <input type="checkbox"/> Clinical Nurse Specialist (CNS) <input type="checkbox"/> Certified Nurse Practitioner (CNP)
<small>* Certificate or Diploma only applicable if enrolled <i>prior</i> to December 1995</small>	
Provide the <i>specific</i> APRN Role and Population Focus completed by graduate: _____ <small>(Examples: CRNA; CNM; Family NP; Adult NP; Pediatric NP; Adult Psychiatric Mental Health CNS, etc.)</small>	
Date Enrolled: _____	Date Completed (provide month, day, and year): _____
(SEAL)	
_____ Signature of Program Administrator	_____ Date Signed

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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