

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Ph: (225) 755-7500 Fax: 225-755-7580

www.lsbn.state.la.us

INSTRUCTIONS FOR APPLYING FOR APPROVAL TO ENROLL IN CLINICAL NURSING COURSES

We are pleased that you are requesting approval to enroll in clinical nursing courses in a nursing education program approved by the Louisiana State Board of Nursing (LSBN). In Louisiana approval by LSBN is mandatory for students to enroll in clinical nursing courses at undergraduate nursing education programs approved by the LSBN.

Students must not enroll in clinical nursing courses in Louisiana without approval from LSBN per current laws and rules (LAC 46: XLVII.3324). You will only be considered for approval to enroll in courses at the nursing education program entered in this application. If you withdraw or are dismissed from this educational program and/or otherwise wish to attend a different nursing education program in Louisiana, you must reapply and request approval to enroll in another program.

Applications for licensure including the application for approval to enroll in clinical nursing courses are online through Louisiana's Nurse Portal at: <https://lsbn.boardsofnursing.org/lsbn>. The application for approval to enroll in clinical nursing courses is under "Other Applications" and select RN Student Clinical Permit Application which is viewable after you have logged into your nurse portal account. The application will be available to you after all three of the following have occurred: a) you have been accepted by and approved to enroll in an approved educational program, b) the educational program has submitted your name to LSBN, and c) LSBN staff have completed the process that allows you access to the application.

This application is for Approval to Enroll in Clinical Nursing Courses. Please read all application instructions carefully before completing your application.

Submission of an application for Approval to Enroll in Clinical Nursing Courses is required for:

1. The initial request for Approval to Enroll in Clinical Nursing Courses;
2. A change in nursing education programs;
3. Separation from nursing education program for greater than 1 academic year;
4. Consideration after an applicant has been denied approval; or
5. As otherwise directed by the board.

By submitting the application for Approval to Enroll in Clinical Nursing Courses, you are attesting that you have read and understand the Louisiana Nurse Practice Act (NPA) and Rules and Regulations that govern licensure in Louisiana. The NPA and Rules and Regulations may be accessed on our website at www.lsbn.state.la.us. ****Review rules and regulations related to the Denial or Delay of Licensure, Reinstatement, or the Right to Practice Nursing as a Student Nurse in LAC 46: XLVII.3331 to determine eligibility for approval for clinical and licensure in Louisiana.

During the online application process, be prepared to:

- ▶ upload a copy of a current government issued photo ID in PDF format;
- ▶ upload documents in PDF format that are associated with any "yes" response to compliance questions if applicable (i.e. documents related to past arrests, documents related to malpractice payouts, court documents, etc.);
- ▶ pay fees via credit card;
- ▶ provide the completed criminal background check (CBC) packet described below in Section A to nursing program representative.

NOTE: Providing the CBC packet to the school is not considered providing the packet to LSBN, therefore students seeking initial approval from LSBN MUST answer "No" to Question #30 that asks if you have submitted an application to LSBN AND paid the background history fee. Students previously issued a student number who are reapplying and not submitting a background history packet may select "yes to Question #30 .

Application fees are non-refundable. The application fee is \$50 and the fee for the required CBC is \$39.25 (and is subject to change periodically).

You will be notified through the message center in 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 through the Nurse Portal or to the email address associated with the Nurse Portal account.

The following are instructions to apply for approval to enroll in clinical nursing courses in the State of Louisiana. You are expected to complete all applications and forms carefully, correctly, and accurately. Incorrect or incomplete applications will delay approval. Failure to disclose criminal history as outlined on the application will result in a delay in processing your application and may result in a fine or denial for Falsification of Applications (LAC 46: XLVII.3324.C). Falsifying applications is illegal.

SECTION A: ELIGIBILITY CRITERIA FOR ENROLLMENT IN CLINICAL NURSING COURSES

1. Applicant must be admitted and accepted to an approved nursing education program;
2. Applicant must be free from restriction of any form by any nursing or health regulatory board in any state;
3. Applicant must have no allegation of cause for denial of licensure;
4. Applicant must have no pending civil or criminal charges in any US state or in a country outside the US;
5. Applicant must submit application to the Board at least 60 days prior to date of enrollment in the clinical nursing course;
6. Applicant must submit to the nursing education program a) an Affidavit of Verification and b) a criminal background check (CBC)/ background history packet as authorized under the Nurse Practice Act, Louisiana Revised Statutes 37:920.1. A complete CBC packet consists of two (2) CBC authorization forms and two (2) FBI fingerprint cards

The forms and instructions for the CBC packet are at:

<http://www.lsbm.state.la.us/Portals/1/Documents/orbs/ENDFingerprintAuthorizationsForm.pdf>. If the fingerprints are determined to be of low quality or returned from the Department of Public Safety as inadequate or unreadable, the applicant must submit an additional set of fingerprints and fees, if applicable, for submission to the Department of Public Safety.

****Applicants will be required to submit to a background check again after graduation upon application for approval to take the NCLEX/ licensure by examination.*****

7. The nursing education program must provide a list of applicants submitting applications to LSBM on a form supplied by LSBM along with the documents described above in #6;
8. Applicant must submit a completed application online, fees and other required documents. If the applicant fails to submit necessary information, fees, fingerprints, forms or other requested and required documents, the applicant may be denied;
9. Applicant must 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 B: COMPLETING THE APPLICATION

1. **COMPLETING APPLICATIONS:** Students are expected to complete the application for Approval to Enroll in Clinical Nursing Courses and answer all questions fully and truthfully at the time of submission. The same applies upon completion of any application which also includes the application for Initial Licensure by Examination.

- LSBN does not provide a listing, recommendations or requirements for reporting or otherwise disclosing specific conditions, circumstances, diagnoses, medications, etc. that must be reported or included within the application other than the provisions required in rules as noted below and as indicated in the eligibility questions.

2. **WHEN TO REPORT EVENTS OR INCIDENTS:** Students approved by LSBN to enroll and progress in the clinical portion of their nursing program and all licensees are responsible for reporting incidents and events as required in rules including but not limited to provisions in section 3405 regarding Definitions of Terms such as failing to report and section 3915 regarding Standards of Practice (i.e. standard 7).

- Students and licensees are required to report incidents that violate the Nurse Practice Act and otherwise constitute grounds for disciplinary action.
- Students and licensees are also required to report “...facts known regarding the incompetent, unethical, illegal practice or suspected impairment due to/from controlled or mood-altering drugs; alcohol; or a mental or physical condition of any healthcare provider” (§3405). They should also “Report to the board any unsafe nursing practice when there is reasonable cause to suspect actual harm or risk of harm to patients” (§3915).

3. **HOW TO REPORT EVENTS OR INCIDENTS:** Reporting incidents and events after approval for enrolling in clinical courses is granted is accomplished through the Complaint portal. Complaints are reviewed by the Investigation Department.

- There is no separate “disclosure” process for students or licensees.
 - Changes in medications for diagnoses previously disclosed upon submission of the application for student clinical are not required to be reported unless such a change meets the provisions for reporting as described above (“When to Report Events or Incidents”).
 - Applicants applying for NCLEX-RN and requesting accommodations will be required upon requesting accommodations to submit current information and must provide a narrative reflecting any changes in medications since original approval was granted.
- **Students should not submit Fitness for Duty/Diagnostician forms or otherwise informally report incidents or events that could affect their eligibility for continued approval or licensure through emails or messages to staff.**
 - If students determine they meet the criteria for reporting an incident as previously described, they must do so through the Complaint portal and self-report the issue.
- Fitness for Duty/Diagnostician forms may be provided to students by LSBN staff if students do not obtain the form through the links available in the application process.

4. **WHO CAN REPORT EVENTS OR INCIDENTS:** A Complaint can be initiated by anyone including but not limited to students (self-reporting), nursing education program staff or clinical agency staff.

- See the LSBN home page for instructions to file a Complaint which includes self-reporting an issue.
- To submit a complaint, please access the **Complaint** Portal on the LSBN website at www.lsbn.state.la.us, by first selecting **Complaint** on the Home page of the website and completing the process.

SECTION C: FEES

\$89.25 - application for Approval to Enroll in Clinical Nursing Courses. This total includes: \$50.00 application fee and

\$39.25 CBC processing fee.

All fees are **non-refundable** and must be paid electronically through the Nurse Portal.

SECTION D: RESPONSIBILITIES OF LOUISIANA NURSING EDUCATION PROGRAM ADMINISTRATORS

1. Submit a list of applicants from their program that have been accepted into the nursing program and are approved to submit an application to LSBN for approval to enroll in clinical courses; and
2. Submit the background history documents and Affidavits of Verifications of the individuals listed in #1 above.
3. Inform students that application for Approval to Enroll in Clinical Nursing Courses is available to them in LSBN's portal.

SECTION E: RESPONSIBILITIES OF APPLICANTS/ NURSING STUDENTS

1. Await notification from program representative that the application for Approval to Enroll in Clinical Nursing Courses is available in the nurse portal.

Note: LSBN staff **MUST** complete the process that allows you access to the application **BEFORE** you create an account in the portal. **Creating an account before LSBN staff have initiated the process that allows you access to the application will delay the application process.** LSBN will inform your program representative when the portal is ready for you to access the application.

2. Complete your application timely including submission of your application at least 60 days prior to the date of enrollment in the clinical nursing course. Read the instructions and follow all direction provided by LSBN.

- Incomplete Applications and applications with incorrect information will not be processed.

For example, applications will not be processed and will remain pending if:

- Application or CBC packet is missing your signature or other information;
- Application is not approved by School of Nursing Designee;
- You have failed to include ALL required documents for questions for which you answered "yes" (LAC 46: XLVII.3324.B.4.a);

3. Log in to the LSBN Nurse Portal and update your file timely with any changes in demographic information as required (i.e. name changes, address changes, email address changes, etc.): <http://www.lsbm.state.la.us>.
4. Report incidents or events through the complaint portal if you have a subsequent incident or event after approval as described in these instructions.
5. Maintain your user id and password for nurse portal access in order to receive updates and to complete future licensure applications with LSBN.
6. Print verification of your approval from LSBN's website and submit to your school of nursing.
7. When submitting supplemental paper documents via postal service to LSBN, include the the Supplemental Documentation form provided on LSBN's website that is within the instruction packet.
8. If you have made an error in completion of the application, complete and submit the Request Correction to Application form provided on LSBN's website that is within the instruction packet.

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FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

- 1) **Authorization Forms:** Complete, sign and date **both** CBC authorization forms included on the pages that follow these instructions.
 - * **CBC1a:** [Authorization for Criminal Background Check – Page I](#)
 - * **CBC1b:** [Authorization for Criminal Background Check – Page II](#)

Submit the authorization forms to LSBN at the address above together with the two (2) fingerprint Federal Bureau of Investigation (FBI) cards.

***Students submit completed cards to the office of your program head.**
- 2) **Fingerprinting:** Submit to the LSBN office **two (2)**, separate official FBI level fingerprint cards on the fingerprint form FD-258. Fingerprinting must be completed by trained individuals who are authorized to provide fingerprinting services at their agency (i.e. law enforcement facilities including state or local police/sheriff's offices, campus security, private vendors). Contact the agency to inquire about the procedures, fees and locations for fingerprinting services. If the agency does not have blank FBI cards, print paper cards at the following link to bring to the agency for fingerprinting services: <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>.
 - Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the 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 fingerprinting agency where you're being fingerprinted. If any of the fingerprints appear too light or too dark, or are obviously smudged, or are outside of the boxes on the fingerprint card, request that the technician prepare an additional set of cards and submit **both sets** (all four cards) along with your forms. ***Protect all 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.
- 3) **Fee due to LSBN for CBC:**
 - \$39.25 – Paid electronically with submission of applications through the Louisiana Nurse Portal.
 - Contact the LSBN office about payment of the fee if you are submitting to a background check and have not submitted the fee in association with an application.

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 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 _____

LICENSE APPLIED FOR: Student RN by examination/NCLEX RN by endorsement
 Other APRN Conversion to compact license RN reinstatement

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

17373 Perkins Road
Baton Rouge, Louisiana 70810
Telephone: (225) 755-7500
www.lsbns.state.la.us

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