

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Phone: (225) 755-7500 Email: endorsements@lsbn.state.la.us

www.lsbns.state.la.us

INSTRUCTIONS FOR APPLYING FOR RN LICENSURE **BY** **ENDORSEMENT**

We are pleased you are requesting licensure as a Registered Nurse (RN) in Louisiana. You may not practice as an RN or utilize any associated titles in Louisiana without an active Louisiana RN License or RN multistate license (MSL) issued by the nursing board in your Primary State of Residence (PSOR).

Applications for licensure must be submitted through Louisiana's Nurse Portal at [LARN Nurse Portal](#)

Please read all instructions before completing your application. **Only submit an application if you meet the eligibility criteria listed, considering application fees are non-refundable.**

Louisiana is a member of the Nurse Licensure Compact (NLC). To be eligible for consideration for a Louisiana Multistate RN License, you must declare Louisiana as your PSOR within the application. If you do not declare Louisiana as your PSOR or a single-state RN License is issued, you are only authorized to practice in Louisiana. If you hold a multi-state RN License in your Primary State of Residence and are not changing your Primary State of Residence to Louisiana, please contact the Board prior to submitting an application. See the Compact Section of the NCSBN.org website for additional information regarding nurses and the NLC.

By submitting the application for licensure, 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.lsbns.state.la.us.

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;
- ▶ Submit to a criminal background check

Note: If Louisiana is your primary state of residence (PSOR), you are required to upload a PDF copy of evidence of your PSOR, which includes one of the following:

- current, unexpired Louisiana driver's license with a home address;
- current federal income tax return with a primary state of residence declaration (page 1 only);
- military form no. 2058 (state of legal residence certificate);

Application fees are non-refundable. The application fee is \$100, the fee for a temporary permit is \$100.

Applicants for licensure are able to obtain the status of their applications online via the Nurse Portal.

Applicants should log on to their Nurse Portal to view their application status, upload requested documentation, and submit inquiries in reference to the application. Approval letters will be sent only through the Nurse Portal account.

NOTE: Louisiana nursing licenses initially issued are **calendar-year** licenses and require renewal before the end of the year. Check your license expiration date carefully, as you are responsible for renewing before the expiration date to maintain an active license. Licenses not renewed prior to the end of December are subject to a late renewal fee. All licenses expire on January 31st if not successfully renewed prior to the expiration date. Subsequent renewals are biennial.

The following are instructions to apply for RN licensure in the State of Louisiana **by endorsement**. If you have *never* been licensed as an RN *in another U.S. State*, please see the separate instructions and forms on how to apply for initial RN

licensure by Examination on the LSBN website or in the LSBN Nurse Portal. If you were previously licensed as an RN in Louisiana, but that license is inactive or retired, instructions and forms on how to apply for Reinstatement are also available on the LSBN website and in the LSBN Nurse Portal.

SECTION A: ELIGIBILITY CRITERIA FOR RN LICENSURE BY ENDORSEMENT

1. Applicant must possess a current/valid, unrestricted RN license in another US state, territory, or country;
2. Applicant must have been actively engaged in practice as a Registered Nurse within the most recent four years;
3. Applicant must have successfully completed an accredited nursing education program approved by the Board or completed an accredited nursing program that meets or exceeds the educational standards for programs in Louisiana;
4. Applicant has successfully passed the NCLEX-RN Examination or recognized predecessor;
5. Applicant must have no grounds for or pending disciplinary action by any nursing or other health regulatory board in any US state or in a country outside the US;
6. Applicant must have no pending civil or criminal charges in any US state or in a country outside the US;
7. Applicant must evidence of proficiency in the English language if a graduate of a nursing program offered internationally;
8. Graduates from nontraditional programs that did not include a faculty supervised clinical component (such as Excelsior and Deaconess College), must also:
 - a. 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***
 - b. 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.
9. Applicant must have been issued a United States Social Security Number (SSN). Social insurance numbers from Canadian Provinces are not accepted.
10. In order to be eligible for a multistate license issued by Louisiana, the applicant must meet the criteria above **and** all of the following:
 - a. Have no state or federal felony convictions;
 - b. Have no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
 - c. Not be currently a participant in an alternative program;
 - d. Be required to self-disclose current participation in an alternative program and
 - e. Declare Louisiana as your primary state of residence.

SECTION B: REQUIREMENTS FOR COMPLETING THE APPLICATION

1. Applications not completed within one year of submission will be closed and canceled. Fees are non-refundable.
2. Applicant must request verification of RN License from exam and current / active states to be completed on the Nursys.com website. If the state BON does not participate in Nursys.com, utilize the form for [Verification of Nursing License - RN](#)
3. Applicant must submit an **original**, signed, notarized [Affidavit of Verification Form](#) directly to the LSBN office. The original form must be mailed or hand delivered. Faxed, emailed or uploaded forms are will not be accepted;
4. The applicant must have their most recent employer complete a [Verification of Nursing Employment Form](#) verifying active practice as a registered nurse within the most recent four years. This form must be submitted by the nurse in their Nurse Portal Account. If the applicant has not been actively engaged in practice as an RN within the most recent four years, a signed/dated letter of explanation to include the reason, last date and place worked, and type of nursing

employment you plan to seek once licensure is issued is required.

5. 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>.
6. Applicant is required to electronically upload a copy of a current/valid government-issued photo identification (i.e. driver’s license or passport) during the application process.

SECTION C: RN TEMPORARY PERMITS

LSBN offers a 90-day temporary endorsement permit, for an additional fee (see “FEES” below), that allows the applicant to practice nursing in Louisiana until full RN licensure can be issued. The permit does not authorize practice in any other state or jurisdiction.

A 90-day temporary endorsement permit may be requested by individuals who:

- a. Submit the request and submit the payment with the electronic endorsement application;
- b. Reside in and plan to work in the state of Louisiana;
- c. Hold a current/active and unencumbered RN license from another US state or jurisdiction;
- d. Obtained an RN nursing degree from an **accredited** diploma, associate degree, baccalaureate, and/or masters nursing education program in the United States;
- e. Successfully passed the NCLEX-RN Examination or recognized predecessor;
- f. Have no civil and/or criminal charges pending;
- g. 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.

SECTION D: FEES

\$100.00 – application for full licensure, **without** a 90 day temporary endorsement permit.

\$200.00 – application for full licensure **with** a 90 day temporary endorsement permit. This total includes: \$100.00 application fee; \$100.00 temporary permit fee.

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

SECTION E: ADDITIONAL REQUIREMENTS FOR GRADUATES OF INTERNATIONAL NURSING PROGRAMS (IENS)

RN licensure by Endorsement applicants who are graduates of international nursing programs are required to have their credentials (education and all non-US licensure) evaluated by an LSBN-approved credentials evaluation service. The completed credential evaluation report must be submitted directly to the LSBN by one of the board-approved credential evaluation service providers. Nurses who graduated from nursing programs in Canada (except Quebec) are not required to complete the Credential Evaluation or English Proficiency Requirement. See below for requirements for graduates of Canadian Nursing Programs (except Quebec)

Approved credential evaluation service providers include:

- Commission on Graduates of Foreign Nursing Schools ([CGFNS International, Inc.](#))
- Josef Silny & Associates, Inc. International Education Consultants [Josef Silny & Associates, Inc](#)
- The Evaluation Company [The Evaluation Company | Credentials, Verifications, Translations](#)

Note: All licensure verifications (from non-US jurisdictions) within the credential evaluation report must be current and validated no more than one year prior to the date of issuance of your Louisiana RN License.

Graduates of nursing programs offered in a foreign country are required to provide evidence of proficiency in the English Language. Applicants must pass an LSBN-approved English Proficiency Exam. The English Proficiency Score Report from one of the LSBN-approved providers must be sent directly from the provider to the LSBN.

Approved English Proficiency Providers include:

- Test of English as a Foreign Language (TOEFL or TOEFL iBT);
- International English Testing System (IELTS) (academic version) ;
- Test of English for International Communication (TOEIC);
- Pearson Test of English (PTE Academic); or
- Michigan English Test (MET).

NOTE:

- Internationally Educated Nurses are not eligible for the 90-day Temporary Permit; if a 90-day temporary permit is requested, **fees are non-refundable**.
- All applicants must have been issued a US Social Security Number and provide it at the time an application is submitted.

CANADIAN EDUCATED NURSES (except Quebec):

Nurses who have graduated from nursing programs in Canada (except Quebec) are required to request the following:

1. Official Transcripts must be received directly from the institution where you obtained your initial nursing degree.
2. NCLEX-RN or Canadian Nurses Association Testing Service Examination (CNATS) Score Report issued directly from your original Canadian Province to the LSBN.
3. If NCLEX-RN was also taken in the US, verification of nursing license from the jurisdiction where NCLEX-RN was taken is required to be sent to the LSBN from the Nursys.com electronic verification system.

Note: NCLEX -RN is required under the following circumstances:

- CNATS score report reflects a "PASS" result and not an actual score *or*
- The test was not taken in English or
- CNAT score report reflects one "single integrated" score of less than 400 or
- CNAT individualized scores of less than 350 in any area.

If NCLEX-RN is required and you have not already taken and passed NCLEX-RN the requirements for Licensure by Examination for more information.

SECTION F: INFORMATION ABOUT THE NURSE LICENSURE COMPACT (NLC) and MULTISTATE LICENSURE

- ▶ To be eligible for a multistate license (MSL) from LSBN, applicants must declare Louisiana as their primary state of residence (PSOR), and if another state becomes their PSOR, they must apply for licensure in the new PSOR without delay.
- ▶ The Primary State of Residence is the state (also known as the home state) in which a nurse declares a primary residence for legal purposes.
- ▶ Nurses with an active MSL must disclose to their home state, which is the state that issued the MSL, if they become a participant in an alternative to discipline program in any jurisdiction within 10 days of enrollment in the program.
- ▶ Nurses with an active MSL are authorized to practice in any compact state provided no discipline or restriction is taken on the license or privilege to practice.
- ▶ Nurses must practice according to the Nurse Practice Act within the state in which they are practicing.
- ▶ Nurses with an active MSL are not authorized to practice in any non-compact states without being properly licensed in that state.
- ▶ Nurses with an active MSL whose PSOR changes to a non-compact state must obtain single-state licensure in the non-compact state and contact LSBN to revise the MSL to a single-state license in Louisiana.
- ▶ Nurses may only hold one active MSL. If a nurse holds an active MSL issued by LSBN and, during the licensure period, obtains an MSL in another compact state, LSBN will inactivate the MSL issued by Louisiana.
- ▶ The MSL is not a separate license that needs to be renewed separately and apart from your RN license. Submitting the renewal application does not change the compact status of your RN License (i.e. single vs multistate).
- ▶ See the NCSBN.ORG website for further details about the NLC and the MSL.

STATE OF _____
PARISH/COUNTY OF _____

AFFIDAVIT OF VERIFICATION

BEFORE ME, the undersigned Notary, _____ [name of Notary whom Affidavit is sworn], on this ___ day of _____ [month], 20___, personally appeared _____ [name of affiant], being duly sworn, acknowledged by me to be of lawful age, who being by me first dully sworn, on [his or her oath], deposes and says:

I am the person referred to in this application for licensure as a Registered Nurse with the Louisiana State Board of Nursing; that the statements, documentation and information submitted via the online application through an Internet interface are true, correct and complete in every respect; that I have not used a false or fictitious name in said application; that I have not knowingly made a false statement or knowingly concealed material facts and/or committed any fraud in completing this application for a license or permit; and that I have read and understand the questions and statements in the application and this affidavit of verification.

I further understand that falsification of any information accompanying or contained on this application may result in denial of licensure. I hereby authorize the Louisiana State Board of Nursing to conduct a criminal records check and hereby authorize the Louisiana State Police and the Federal Bureau of Investigations to release all criminal record information maintained in their files, which may confirm or deny my eligibility for licensure.

SIGNATURE OF REGISTERED NURSE APPLICANT

Date of Birth (MM/DD/YY)

SUBSCRIBED AND SWORN to me on this ___ day of _____, 20___,

SIGNATURE OF NOTARY

NOTARY SEAL

PRINTED NAME OF NOTARY

NOTARY PUBLIC

MY COMMISION EXPIRES: _____, 20___

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Main Tel: (225)755-7500 • Fax: (225) 755-7581

Verification of Nursing Employment

To: _____
PLACE OF NURSING EMPLOYMENT / AGENCY NAME OF SUPERVISOR

I, _____, Social Security Nbr: _____
(Name of Nurse/Applicant)

have applied to the Louisiana State Board of Nursing for licensure as a Registered Nurse. I am/was employed at your institution/company as a Registered Nurse for the following period:

From: _____ to _____
(Approximate start/hire date) (Last day worked or 'Present' if still employed)

I hereby authorize you to release to the Louisiana State Board of Nursing for licensure purposes, the information requested below.

_____ Date Signature of Applicant

INSTRUCTIONS FOR NURSING EMPLOYER:

The RN providing this form has applied for Licensure by Endorsement in the state of Louisiana and must provide this form, completed and signed by an authorized representative with your company. Please complete and sign this form clearly indicating the dates the RN has been actively engaged in nursing practice. Include the RN's initial hire date in the space marked "From" and the last date he/she last practiced in the "To" space below. Write "Present" if still employed. Please return this completed form directly to the RN as soon as possible. Do NOT mail or fax this form to LSBN. The RN is required to submit this document to LSBN.

1. The above applicant is/was employed as a **Registered Nurse** from:

_____ to _____
(Hire/Start Date) (Last Day Worked or 'Present' if still employed)

2. GENERAL WORK HISTORY: Met performance requirements -
Performance NOT satisfactory - (If NOT satisfactory, please attach an explanation)

_____ Date Signature and Title of Supervisor Completing Form

EMPLOYER/COMPANY: _____

MAILING ADDRESS: _____

PHONE and FAX NUMBER: _____

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7500

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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-***

2L 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 socialsecurity#: _____

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