

Louisiana State Board of Nursing

INSTRUCTIONS FOR APPLYING FOR RN LICENSURE BY REINSTATEMENT

You may not practice as a Registered Nurse or utilize any associated titles in Louisiana until your Louisiana RN Reinstatement Application has been reviewed, approved, and your License is activated by the Louisiana State Board of Nursing (LSBN) unless you hold an active multistate RN License from your previous Primary State of Residence.

Louisiana is a member of the Nurse Licensure Compact (NLC). As such, if you hold an active multistate RN License in your Primary State of Residence (PSOR) and are not moving to Louisiana, you have the privilege to practice in Louisiana and should not apply to reinstate your Louisiana RN License. If you are moving to Louisiana, you should apply to Reinstate your Louisiana RN License when you establish residence in Louisiana.

If you hold an active multistate RN license in another compact state and are not changing your Primary State of Residence to Louisiana, you are not eligible for reinstatement of your license in Louisiana.

Only submit an application if you meet the eligibility criteria. Application fees are non-refundable. The application fee is \$100. If required, the fee for a criminal background check is \$39.25 (this is a third-party fee and is subject to change)

Licensure applications must be completed online through Louisiana's Nurse Portal at:
<https://lsbn.boardsfnursing.org/lsbn>.

By applying for licensure, you attest that you have read and understand the Louisiana Nurse Practice Act (NPA) and Rules and Regulations governing licensure in Louisiana. The NPA and Rules and Regulations may be accessed on our website at www.lsbn.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.);
- ▶ upload the RN Verification of Employment (VOE) form completed/signed by last year's nursing employer or a letter of explanation addressing why you have not practiced in the most recent two years;
- ▶ upload required continuing education documents; and
- ▶ pay fees via credit card;

If you have not practiced nursing for more than four years, be prepared to:

- ▶ Upload the completion certificate of the didactic portion of your Board Approved Refresher Course, and
- ▶ Clinical Schedule from the facility with the exact dates/times/unit where you will be completing the clinical component of your Refresher Course and
- ▶ Name/License number of the RN preceptor with whom you are working.

Note: if Louisiana is your primary state of residence (PSOR), 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; or
- ◆ federal income tax return with a primary state of residence declaration (page 1 only); or
- ◆ military form no. 2058 (state of legal residence certificate).

SECTION A: ELIGIBILITY CRITERIA FOR RN LICENSURE REINSTATEMENT

1. Applicant must have previously been issued an RN license by the Louisiana State Board of Nursing;
2. Applicant must submit RN Verification of Employment (VOE) form completed/signed by the last year's nursing employer or a signed, dated letter of explanation regarding why you have not practiced. The statement should include the most recent date and place you worked and the type of nursing employment you plan to seek once reinstated.

Obtain the required form at

<http://www.lsbm.state.la.us/Portals/1/Documents/Forms/RNEmploymentVerificationForm.pdf>.

3. Applicant must submit documents as evidence of completion of continuing education (Section C Below for requirements).

Note: In addition to eligibility criteria 1-3 above, the following is required for reinstatement of a Multistate RN License:

- a. Have been previously issued a multistate license by the Louisiana State Board of Nursing prior to submitting this application;
- b. Have no state or federal felony convictions;
- c. Have no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
- d. Not be currently a participant in an alternative program;
- e. Be required to self-disclose current participation in an alternative program;
- f. Have been issued a United States Social Security Number (SSN); and
- g. Declare Louisiana as your primary state of residence.
- h. Submit to a state/federal fingerprint-based criminal background check (this is required to be current for all MSL Reinstatements, even if it was previously completed)

SECTION B: REQUIREMENTS FOR COMPLETING THE APPLICATION

1. Applicant must submit a completed application for reinstatement, fees, refresher course completion certificate if required, and other required documents within one (1) year of Applications not completed within one year of submission will be closed and canceled.
2. Applicants must **upload** documentation demonstrating that they have met LSBN nursing continuing educational (CE) requirements within their application. Applicant must meet Continuing Education Requirements listed in "Section C: Continuing Education Requirements" below.
3. Applicant must mail or hand deliver the original, signed, notarized **Affidavit of Verification** directly to the LSBN office ~~via~~
4. Applicant must electronically upload a pdf copy of a current/valid government-issued photo identification (i.e., Driver's License) during the application process.
5. If the applicant's RN license has been inactive for five (5) years or more or if the applicant is requesting reinstatement of a Multistate RN License the applicant must submit to a **criminal background check (CBC)** as part of the licensure process
6. The CBC packet and the complete Original Notarized Affidavit of Verification must be submitted directly to the LSBN via postal mail after submitting the application. A complete CBC packet consists of two (2) complete CBC authorization forms and two (2) complete FBI fingerprint cards. 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

Note: Applicants who answer "yes" to certain eligibility questions or who are otherwise requested to provide information relative to evaluating the applicant's eligibility or disqualification for licensure may be asked to submit a CBC packet along with applicable fees.

SECTION C: CONTINUING EDUCATION REQUIREMENTS FOR REINSTATEMENT

You are required to **upload** documentation demonstrating that you have met LSBN nursing continuing educational (CE) requirements. All CE certificates must reflect your name, the date completed, the number of contact hours, and accreditation by either the American Nurses Credentialing Center (ANCC) or a U.S. state Board of Nursing (BON).

1. For reinstatement of a Louisiana RN license which has been inactive for less than 4 years or which has been inactive for more than four years, but the nurse has been actively engaged in nursing practice in another jurisdiction, applicants must provide documentation of:
 - a. a minimum of 15 board-approved contact hours of CE for each year of inactive licensure status; or
 - b. current licensure in another state and compliance with 3335.C.1 which is:
 - i.) a minimum of 30 board-approved contact hours of continuing education during the two-year licensure period; or
 - ii.) a minimum of 900 practice hours during the two-year licensure period as verified by the employer on a form provided by the board; or
 - iii.) initial licensure by examination or endorsement in LA during the previous calendar year; or
 - iv.) current certification in a specialty area of nursing by a certifying body whose requirements have been approved by the board as being equivalent to or exceeding the above requirements. The certification should have been active during the time the LA license was inactive and no less than the preceding two years. A copy of the documentation of certification from the certifying body is required. A list of approved certifying organizations is available here <http://www.lsbm.state.la.us/Portals/1/Documents/Audit/CertAgency.pdf>.

NOTE – If you are meeting requirements for reinstatement by fulfilling the CE requirements above and do not have sufficient ANCC or state BON accredited CEs awarded in the 2 years preceding application for reinstatement, you may complete them now to upload with the reinstatement application.

In lieu of CEs if you attended school during the preceding 2-years for a post-secondary nursing degree, academic credit awarded for coursework specific to nursing practice may qualify to meet the CE requirement. An official transcript must be supplied to LSBN. LSBN currently accepts electronic transcripts from select vendors.

2. For reinstatement of a Louisiana RN license which has been **inactive for 4 years or more and the applicant has not been actively engaged in the practice of nursing in another jurisdiction**, applicants must complete a board-approved refresher course consisting of a minimum of 160 hours of instructor planned, supervised instruction, including theory and clinical practice; or complete nursing courses as approved by the board; or successfully completed the NCLEX-RN within the current or previous calendar year.

Approved refresher courses are on LSBN's website and can be read from the following link <https://www.lsbm.state.la.us/Portals/1/Documents/Forms/RNRefresherCourses.pdf>. You must obtain a permit from LSBN prior to beginning the clinical component of the refresher course.

Note: Prior to submitting your RN Reinstatement Application, you must have completed the Didactic Portion of a LSBN Approved Refresher Course and have the following information available to upload:

- ▶ Completion certificate of the didactic portion of your Board Approved Refresher Course, and
- ▶ Clinical Schedule from the facility with the exact dates/times/unit where you will be completing the clinical component of your Refresher Course and
- ▶ Name/License number of the RN preceptor with whom you are working.

The clinical component must be completed within six months of issuance of the permit.

Once all requirements are received, reviewed, and found to meet requirements, you will be issued a temporary permit to complete the refresher course's clinical component, which can be verified on the Nursys.com website.

Once you have completed your refresher course and uploaded the Completion Certificate in the Message Center of your Nurse Portal Account, we will fully reinstate your License.

OTHER IMPORTANT INFORMATION:

If you previously held an RN multistate license in Louisiana, you must submit to a state/federal fingerprint-based criminal background check and otherwise meet requirements to remain eligible for a Multistate RN License to be reinstated.

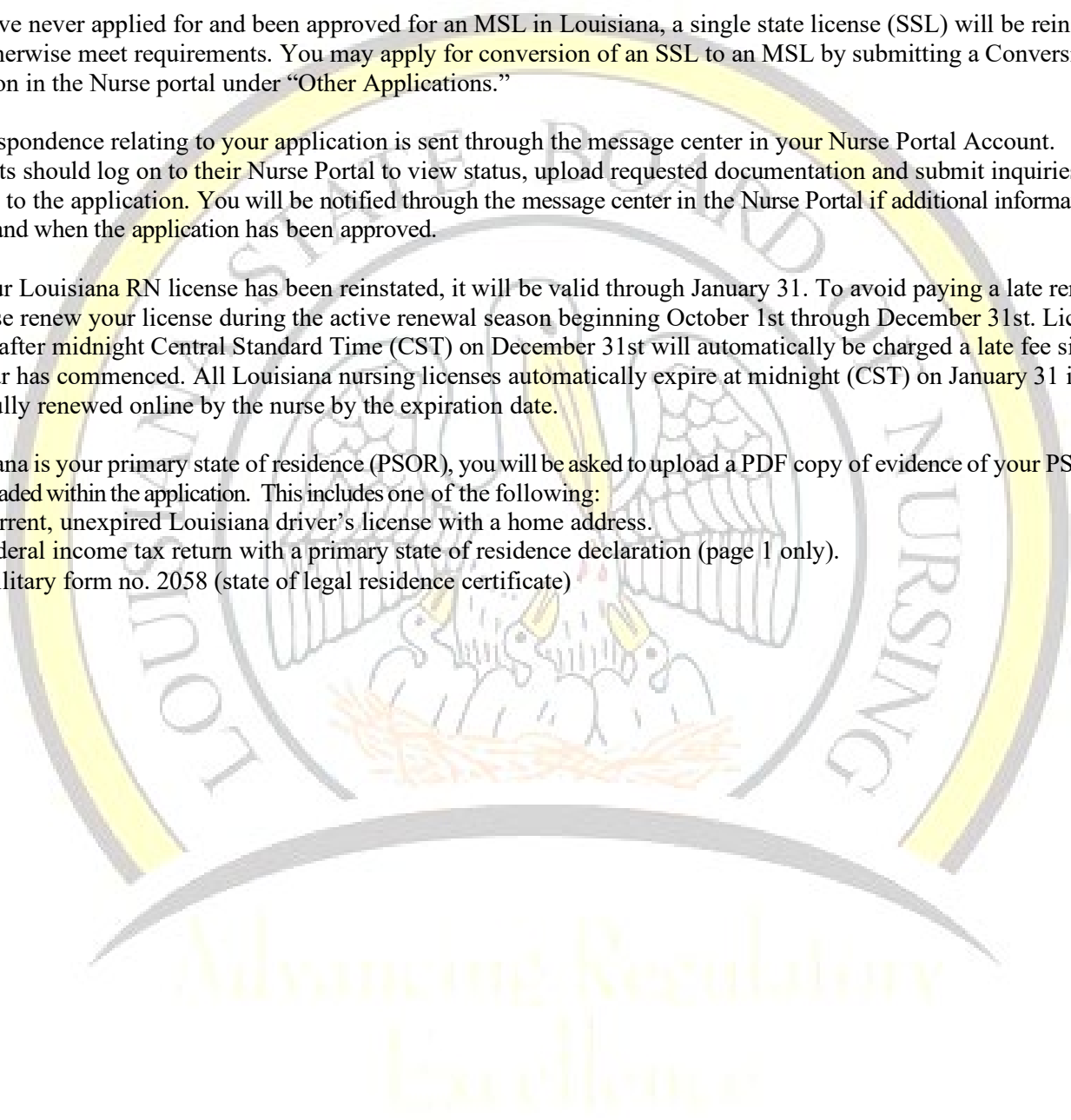
If you have never applied for and been approved for an MSL in Louisiana, a single state license (SSL) will be reinstated if you otherwise meet requirements. You may apply for conversion of an SSL to an MSL by submitting a Conversion application in the Nurse portal under “Other Applications.”

All correspondence relating to your application is sent through the message center in your Nurse Portal Account. Applicants should log on to their Nurse Portal to view status, upload requested documentation and submit inquiries in reference to the application. You will be notified through the message center in the Nurse Portal if additional information is required and when the application has been approved.

Once your Louisiana RN license has been reinstated, it will be valid through January 31. To avoid paying a late renewal fee, please renew your license during the active renewal season beginning October 1st through December 31st. Licenses renewed after midnight Central Standard Time (CST) on December 31st will automatically be charged a late fee since the New Year has commenced. All Louisiana nursing licenses automatically expire at midnight (CST) on January 31 if not successfully renewed online by the nurse by the expiration date.

If Louisiana is your primary state of residence (PSOR), you will be asked to upload a PDF copy of evidence of your PSOR if not uploaded within the application. This includes one of the following:

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



Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500

www.lsbn.state.la.us

RN EMPLOYMENT VERIFICATION FORM - REINSTATEMENT

**TO BE COMPLETED BY THE *EMPLOYER* AND RETURNED
TO THE RN TO UPLOAD WITH THE REINSTATEMENT APPLICATION**

PLEASE TYPE OR PRINT LEGIBLY

This is to certify that _____ is/was employed as a

Please PRINT the RN's name above

Registered Nurse (RN) at the facility named below and completed:

- 900 hours or more of nursing practice within the preceding 2-year period
- 0 to 899 hours of nursing practice within the preceding 2-year period → Total hours worked: _____

Provide RN's employment dates:

From: _____

Original hire date: Month/Day/Year

To: _____

Provide last day RN physically worked: Month/Day/Year

Name of Hospital/Agency: _____

Department/Unit: _____

Address / City / State: _____

Telephone Number: _____

Verifier's Email Address: _____

Is the above RN eligible for rehire with your facility/institution: Yes -

No -

TYPE or PRINT both name and title of supervisor/authorized personnel completing this form.

Provide all contact information requested above in the event LSBN contacts you for verification.

Signature of the supervisor/authorized personnel

Date signed/verified

Note to Employer – The above individual does not currently hold an active RN license in the state of Louisiana and is applying for Reinstatement. Completion of this form by your office will indicate this individual's hours of nursing practice within the previous 2 years to determine eligibility for reinstatement. *Please return to the RN so that this completed form can be included with the reinstatement application.*

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, Louisiana 70810
Telephone: (225) 755-7500
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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 #1-20.** 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 LSBNRules.

*** 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 on my _____.

All applicants must provide specific details below regarding the error made and correction requested:

Signature of Applicant

Date

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

Telephone: (225) 755-7500

www.lsbn.state.la.us

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**

Revised: 2/08, 6/11, 3/12, 2/15, 8/18, 11/18, 12/18, 6/19, 11/20

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

17373 Perkins Road
MAILING ADDRESS

Monique Calmes, APRN, FNP-BC
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE
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

Revised: 2/08, 6/11, 3/12, 2/15, 8/18, 11/18, 12/18, 6/19, 11/20

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

FORM NBR: CBC – 1b

Revised: 2/08, 6/11, 3/12, 2/15, 8/18, 11/18