FOR OFFICE USE ONLY
Receipt #
ID #
Issue Date
License #

Rhode Island
Board of Nurse Registration and Nursing Education

Room 105
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

License As A Licensed Practical Nurse By Endorsement

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-5700 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-3352**

Revised 10/08/2004 awp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Instructions for Completing Application.....4

Application Materials

Application.....5-8
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Interstate Verification Form - Other State(s) of Licensure.....11

Licensure Requirements

U.S. Graduates

- Fee of $62.50.
- Recent passport type photograph.
- Original birth certificate, or copy that has been notarized as a true copy of the original.
- Official transcript from the school of nursing.
- Graduation from a nursing program.
- Photo copy of an ***active, out-of-state license***.
- License Verifications from the board of original licensure, and all other state boards in which a license has been issued.

  Note: To check for current list of states that verify licensure through NURSYS, use the NURSYS web site of the National Council of State Boards of Nursing.

  www.nursys.com

Foreign-Trained Nurses

- Requirements listed under U.S. Graduates.
- Completion of the requirements of the **Commission of Graduates of Foreign Nursing Schools**.

  Note: Information regarding the CGFNS can be obtained at its web site.

  www.cgfns.org/cgfns/index.html

90-day Temporary License

- Non-renewable under any circumstances, and are issued only **once.**

Rules and Regulations/Laws

The rules and regulations governing the Practice of Nursing can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_3039.pdf

The Nurse Practice Act can be downloaded at the following web site:

www.rilin.state.ri.us/statutes/title5/5-34/index.htm

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Nurse Registration and Nursing Education (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The BOARD may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/nurses.php

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing. Be advised, you may be required to appear for an interview. NOTE: You may ***not*** practice in Rhode Island until you have received a license number.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5700.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application pages (5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages MUST clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **$62.50** payable to **General Treasurer, State of Rhode Island** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NONREFUNDABLE.
3. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 9). Do not submit the application without all applicable information, documentation and fee(s). Mail these components of the application to:

Rhode Island Department of Health
Board of Nurse Registration and Nursing Education
Room 105, 3 Capitol Hill
Providence, RI 02908-5097

In addition to the materials you mail to HEALTH, the following must be either mailed or requested from other sources.

1. Official transcript from the school of nursing must be submitted by the college/school/university, directly to the Board, at the address listed above. ***Fascimiles will not be accepted.*** This transcript includes the date of completion, graduation, and degree. To be eligible for licensure in the State of Rhode Island, ***you must be a graduate of a nursing program***.

2.. Interstate Verification Forms. The original state of licensure must be sent the form on Page 10, and all other licensing authorities in which you are/were licensed must be sent the form on Page 11 (which may be copied as needed). Be sure to sign and complete the identifying information on each form. HEALTH must receive these verifications directly from the licensing authority.

   You may obtain the mailing address of all U.S. licensing authorities at the National Council of State Boards of Nursing web site, or by calling the State Board in question.

www.ncsbn.org

Please, ***do not*** contact the Rhode Island Board for mailing addresses of other licensing authorities.

State of Rhode Island
Board of Nursing Registration and Nursing Education
Application for License as a Licensed Practical Nurse by Endorsement

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/ Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

Please refer to "Mandatory Addendum to License Application" on the last page of this application

3. Gender

☐ Male ☐ Female

4. Date and Place of Birth

Month Day Year

City and State; **OR** Province and Country, etc., if NOT U.S.

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address

(ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Business Phone Extension Business Fax

7. Preferred Mailing Address

Please check ONE

☐ Please use my **Home Address** as my preferred mailing address

☐ Please use my **Business Address** as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended which led to your initial licensure as a nurse.

Type of School (University, College, Trade/Technical School etc.)

Name of School

Date Graduated: Month Day Year

Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)

Major

☐ U.S. Graduate ☐ Foreign Graduate

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? ☐ Yes ☐ No

If the answer to this question is ***"yes"***, list the original state of licensure, license number, and, if applicable, enter all other state abbreviation(s) of licenses in Question 10 (below):

Original Licensure

State License Number

10. Nursing Licensure

List all states or countries in which you are now, or ever have been licensed to practice as a nurse,or any other profession.

State/Country:			State/Country:		
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive

DOCUMENTATION: Send Interstate Verification Forms to each entity. *(See pages 10 and 11)*

Please indicate below which state verifications you have requested through NURSYS (if any): ☐

☐

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are there any formal charges pending? ☐ Yes ☐ No

Abbreviation of State and Conviction[1] (e.g. CA - Illegal Possession of a Controlled Substance):

	Month Year

12. Disciplinary Questions

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

1. Are there any charges or investigations pending, in any state, against you? ☐ Yes ☐ No

2. Have your staff privileges at any hospital, nursing home, or other health care facility or health care provider or HMO ever been reduced, revoked, or suspended or have you voluntarily surrendered your clinical privileges from any such unit or facility while under investigation in any state? ☐ Yes ☐ No

3. Have you ever had any disciplinary action(s) taken, or is any pending against your license to practice nursing, or any other licenses, registrations or certifications that you hold; or are any complaints pending in any state? ☐ Yes ☐ No

Note: If you answered "yes" to any of these questions you must explain below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Nurse Registration and Nursing Education any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as nurse in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Nurse Registration and Nursing Education of any change in the answers to these questions after this application and this affidavit is signed.

_____ Signature of Applicant

_____ Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

Notary Seal

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

Affix Photo Here

Write your name on the back of the photograph, and provide the date that the photograph was taken.

_____ Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the Rhode Island Board application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, **"Affidavit of Applicant"**, and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, **"Recent Photograph"** as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate ***(original or a copy notarized as being a true copy of the original)***, or proof of ***lawful entry*** status (if born outside the United States), and understand that submitted documents will not be returned.
- ☐ I have attached a photocopy of an active, out-of-state license.
- ☐ I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the ***"RI General Treasurer"*** in the amount of **$62.50** and attached it to the upper left-hand corner of the first (Top) page of the application.
- ☐ I have arranged my Board Application materials in the following order.

  1. Fee (attached as instructed).
  2. Board Application (including cover page) (pages 5-8)
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] MUST indicate the section for which the information is being reported.]

- ☐ I have mailed the above application materials directly to the Rhode Island Board of Nurse Registration and Nursing Education.

Required Forms

- ☐ I have completed and mailed the following forms as instructed.

  1. Interstate Verification Form - Original State of Licensure
  2. Interstate Verification Form - to all other states of licensure

Other Documents

- ☐ I have requested a school transcript as instructed.

Substitute forms are not acceptable.

Rhode Island Board of Nurse Registration and Nursing Education
Room 105, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-5700

INTERSTATE VERIFICATION FORM - ORIGINAL STATE OF LICENSURE

I am applying for a license to practice as a registered nurse in the State of Rhode Island. The Rhode Island Board of Nurse Registration and Nursing Education requires that the following form be completed by the jurisdiction in which I obtained my original license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Nurse Registration and Nursing Education at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

THIS SECTION TO BE COMPLETED BY THE NURSING BOARD

Nursing Education Program Completed:	**Location:**	**Graduation Date:**
Approved by State: ☐ Yes ☐ No	**Type of Nursing Program** ☐ DIP ☐ LPN ☐ AD ☐ BSN ☐ Other _____	
Basis for Issuing License: ☐ RN ☐ LPN/VN	**Licensed by Examination:** ☐ Yes ☐ No	**Exam Type:**
Series:	**Date:**	**Results:**
CGFNS: ☐ Yes ☐ No		
License Status: ☐ Active ☐ Inactive ☐ Lapsed	**Original Date Issued:**	**Expiration Date:**

Questions:

1. Has this registered nurse ever been investigated by your Board? ☐ Yes ☐ No
2. Has this registered nurse incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

_____

_____

_____

Certification:

Signature

Date

Type or Print Name

Title

Full Name of Licensing Board

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

Substitute forms are not acceptable - This form may be duplicated as needed .

Rhode Island Board of Nurse Registration and Nursing Education

Room 105, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-5700

INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

I am applying for a license to practice as a registered nurse in the State of Rhode Island. The Rhode Island Board of Nurse Registration and Nursing Education requires that the following form be completed by the jurisdiction in which I obtained a license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Nurse Registration and Nursing Education at the above address.

Print/Type Full Name

Signature _____ Date _____

Previous Names Used

Social Security Number _____ Date of Birth _____

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE NURSING BOARD

Basis for Issuing License:

☐ RN ☐ LPN/VN

Licensed by:

☐ Endorsement ☐ Waiver

License Status:	**Original Date Issued:**	**Expiration Date:**
☐ Active ☐ Inactive ☐ Lapsed		

Questions:

1. Has this registered nurse ever been investigated by your Board? ☐ Yes ☐ No
2. Has this registered nurse incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

_____

_____

_____

Certification:

Signature _____ Date _____

Type or Print Name

Title

Full Name of Licensing Board

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

State of Rhode Island and Providence Plantations
Department of Health

This information is completely voluntary and will NOT affect your Application in any way.

VOLUNTARY RACE/ETHNICITY QUESTIONS*

Note: This information is voluntary and refusal to provide it will not impact on the renewal of your license. It will be confidential and used only in accordance with Title VI of the Civil Rights Act of 1964.

1. Ethnicity: Are you Hispanic or Latino? (Mark **"No"** if **not** Hispanic or Latino.)

☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino

2. Race: What is your race? (Mark one or more.)

☐ American Indian or Alaska Native ☐ Black or African American ☐ White
☐ Asian ☐ Native Hawaiian or other Pacific Islander

For the purposes of the above questions kindly use the "Federal Minimum Data Collection" explanations listed below:

1. Ethnic Categories:

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino

A person who is not Hispanic or Latino.

2. Racial Categories:

American Indian or Alaskan Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan , Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American

A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

*This information is being collected in accordance with the Department of Health's Policy for Maintaining, Collecting and Presenting Data on Race and Ethnicity. The mission of the Department is to protect and promote the health of the population and to prevent disease through life-style change, environmental change, and health services delivery. A copy of this policy is available upon request.

State of Rhode Island and Providence Plantations

DEPARTMENT OF HEALTH

Office of the Director

Cannon Building
3 Capitol Hill
Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature	Date	Social Security Number (SSN) or Federal Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.