

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
3421 NORTH CAUSEWAY BLVD., SUITE 505 METAIRIE, LA 70002-3715
TELEPHONE (504) 838-5791 FAX (504) 838-5279
www.lsbpne.com

APPLICATION FOR LOUISIANA LICENSE BY ENDORSEMENT

NOTE: LICENSURE AS AN LPN IN ANOTHER STATE DOES NOT GUARANTEE OR IMPLY THAT YOU WILL BE GRANTED A LICENSE TO PRACTICE IN LOUISIANA.

1. IF YOU HAVE EVER HELD A LICENSE IN LOUISIANA, YOU CANNOT BE ENDORSED. YOU MUST HAVE YOUR LOUISIANA LICENSE REINSTATED.
2. THE BOARD WILL ISSUE A TEMPORARY WORK PERMIT UPON RECEIPT OF PART ONE OF THE APPLICATION FORM, THE APPLICATION FEE, AND A NOTARIZED COPY OF A CURRENT PRACTICAL NURSE LICENSE, IN GOOD STANDING, ISSUED BY ANOTHER U.S. BOARD OF NURSING. THE TEMPORARY WORK PERMIT WILL BE VALID FOR A PERIOD OF TWELVE WEEKS.
3. IN ORDER FOR THE BOARD TO CONSIDER THIS APPLICATION, YOU MUST:
 - A. Be currently licensed as a practical nurse under the laws of another state of the United States, and
 - B. Be a permanent resident or citizen of the United States, and
 - C. Have worked as an LPN/LVN for a minimum of six (full time) months during the four years immediately preceding this application (only applies to nurses who have been out of school for at least 4 years), and
 - D. Have graduated from an approved program of practical nursing which program offered a sufficient number of clock hours in the following courses: Body Structure and Function; Microbiology; Vocational Adjustments; Personal, Family and Community Health; Nutrition in Health and Illness; Pharmacology and Medication Administration; and Principles and Practices of Medical-Surgical, Geriatric, Obstetrical, Pediatric, and Mental Health Nursing, and
 - E. Meet all existing requirements for licensure in Louisiana at the time of application. (Licensure requirements are subject to change. Changes may result from new legislation, new Rules and Regulations, or from new policies and procedures adopted by the Board.)
4. Applications not completed in one year from the date stamped on FORM 1 will be destroyed. **ALL FEES ARE NON-REFUNDABLE.**
5. COMPLETE FORM NUMBER 1 and return to the Louisiana State Board of Practical Nurse Examiners with a **certified check** or **money order** for \$100.00 made payable to **LSBPNE**.
6. COMPLETE FORMS 2,3,4 AND REQUEST A COPY OF YOUR FBI IDENTIFICATION RECORD BY FOLLOWING INSTRUCTIONS ON THOSE FORMS. For more information: www.fbi.gov (Keyphrase: Background Check for Employment/Licensing)
7. AN APPLICANT FOR LICENSURE WITH KNOWN DIAGNOSIS OF HIV/HBV MUST REPORT SAME IN WRITING TO THE EXECUTIVE DIRECTOR OF THE LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS BY CERTIFIED OR REGISTERED MAIL MARKED "PERSONAL AND CONFIDENTIAL".

(FORM ONE – PAGE 1 OF 2)

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
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THIS APPLICATION WILL BECOME VOID ONE YEAR FROM _____

PLEASE PRINT OR TYPE IN BLACK INK.

NAME _____
First Middle Maiden Last

Mailing Address _____ City _____ State _____ Zip _____ Parish/County _____

Social Security Number _____ Sex _____ Race _____ Phone () _____

Height _____ Weight _____ LBS Hair Color _____ Eye Color _____

Date of Birth _____ Place of Birth _____
City _____ State _____ Country _____

High School Graduate? Yes _____ on (date) _____ No _____
GED? Yes _____ on (date) _____ No _____

High School Attended _____
Name _____ Address _____ City _____ State _____

Are you a citizen of the United States? Yes _____ No _____ If NO, are you a permanent resident of the United States? Yes _____ No _____ If YES, attach a copy of your permanent resident card.

NOTE: In order to be licensed to practice practical nursing in the state of Louisiana, you MUST be a permanent resident or citizen of the United States.

Practical Nursing Program _____
Name _____ Address _____ City _____ State _____

Completed PN Program? Yes _____ on (date) _____ No _____

List State or States in which you have been licensed:

State of Original License (by Exam) _____	License Number _____
State _____ License Number _____	State _____ License Number _____
State _____ License Number _____	State _____ License Number _____

List below, **practical nurse** employment history for the past four years:

AGENCY NAME	AGENCY CITY AND STATE	DATES EMPLOYED FROM – TO	NUMBER OF HOURS WORKED PER WEEK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(FORM ONE – PAGE 2 OF 2)

Have you ever been charged, arrested, pled no contest, entered into a District Attorney Intervention program, summoned into court as a defendant in a criminal proceeding, convicted, fined, imprisoned, placed on probation or ordered to deposit bail for the violation of any law, police regulation or ordinance, except for minor traffic violations or are there charges pending against you for a crime (misdemeanor or felony) in any state? Yes ____ No _____. If yes, attach certified court documents or intervention papers and a narrative statement showing date, alleged offense or violation, the penalty, if any imposed or other disposition.

Have you ever been denied a license by any state, been disciplined by any Nursing board, voluntarily surrendered your license, entered into an agreement restricting or monitoring practice, or are there charges pending against you in any state or jurisdiction? Yes ____ No _____. If yes, attach a detailed narrative explanation.

Have you ever been treated for chemical dependency? Yes ____ No _____. If yes, submit a detailed narrative statement concerning your addiction, a copy of your chemical dependency assessment and treatment plan, If you are, or have been, in an impaired nurse program, submit a copy of your contract and a letter from the program coordinator concerning compliance.

TO WHOM IT MAY CONCERN:

I, the undersigned hereby apply for a license by endorsement and certify that the statements made are true and correct and that I have not withheld any information that might affect this application. By my signature below, I authorize the Louisiana State Board of Practical Nurse Examiners to conduct a criminal records check and hereby authorize the Louisiana State Police and the Federal Bureau of Investigation to release all criminal record information maintained in their files.

Signature _____ Date _____

NOTARY INFORMATION:

State of _____

County/Parish of _____



_____ (applicant’s name)
personally appeared before me, who being duly sworn says that (s)he is the person referred to in the foregoing application for license as a Licensed Practical Nurse in Louisiana, that the information provided herein is true and correct in every respect, and that (s)he has read and understands this affidavit.

Signature of applicant Date (MM/DD/YYYY)

Signature of notary public Date (MM/DD/YYYY) Commission expires on (MM/DD/YYYY)

DO NOT WRITE BELOW THIS SPACE – FOR OFFICE USE ONLY

Fee _____ Application approved _____
Transcript _____ License number _____
Original state _____ Date issued _____
States of endorsement _____ Renewal year _____

(FORM TWO)

2.

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
3421 NORTH CAUSEWAY BLVD., SUITE 505 METAIRIE, LA 70002-3715
TELEPHONE (504) 838-5791 FAX (504) 838-5279

OFFICIAL RECORD OF NURSING EDUCATION

INSTRUCTIONS: Have your school of nursing forward, DIRECTLY TO THIS OFFICE AND ATTACHED TO THIS FORM (FORM TWO), an official copy of your transcript. This transcript should reflect all practical nursing courses attempted and completed, and the number of CLOCK HOURS spent in each course. We recommend that you contact your school of nursing to inquire about their fee for this service. TRANSCRIPTS SUBMITTED BY THE APPLICANT WILL NOT BE ACCEPTED.

NEW GRADUATES MUST CAUSE TO BE SUBMITTED TO OUR OFFICE A COPY OF THEIR PRACTICAL NURSING TRANSCRIPT TO DETERMINE ELIGIBILITY FOR TEMPORARY PERMIT

TO BE COMPLETED BY APPLICANT:

NAME: _____

MAILING ADDRESS (of applicant): _____

SOCIAL SECURITY NUMBER: _____

DATES ATTENDED: _____

APPLICANT FOR ENDORSEMENT FROM: _____
(state of original license)

I HEREBY AUTHORIZE _____ TO RELEASE AN OFFICIAL COPY OF MY
(NAME OF SCHOOL)

TRANSCRIPTS TO:

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
3421 NORTH CAUSEWAY BLVD., SUITE 505
METAIRIE, LA 70002-3715

DATE: _____ SIGNATURE: _____

NOTE TO SCHOOL OF NURSING: TRANSCRIPT OR OTHER OFFICIAL RECORD OF APPLICANT'S EDUCATION MUST BE ATTACHED TO THIS FORM:

This record must specify course content, grades, and CONTACT HOURS for theory, clinical and lab. A CONTACT HOUR equals 60 minutes. Many applicants are delayed in receiving a practical nursing license because their school records do not contain CONTACT HOUR information. Credit hours must be converted to CONTACT HOURS for us to evaluate the educational qualifications of applicants. If necessary, we will accept this information, in the form of a letter, provided it is on school stationery and is mailed directly from the school to this office.

(FORM FOUR)

4.

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VERIFICATION OF LICENSE

INSTRUCTIONS: Submit one copy of this form to each state in which you currently hold or have ever held a license to practice nursing by endorsement. (If you have held or hold license by endorsement in more than one state you must photocopy this form and send it to each and every state in which you have ever been licensed.) We recommend that you contact your board of nursing to inquire about their fee for this service.

Complete the upper portion of this form and mail it to the appropriate board of nursing.

NAME: _____

ADDRESS: _____

LICENSE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

I hereby authorized the _____ board of nursing to furnish the Louisiana State Board of Practical Nurse Examiners the information requested below.

SIGNATURE: _____ DATE: _____

The above named person has made application to our office for a Louisiana license and states (s)he is/has been licensed in your state. Please check your records:

Is applicant currently licensed? Yes ____ No ____ If yes, date license expires: _____

Is there, or has there ever been, any action against this license? Yes ____ No ____

Signed: _____

Title: _____

State: _____

Date: _____

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FBI BACKGROUND CHECK

For more information, visit <http://www.fbi.gov/>

Keyphrase: Background Check for Employment/Licensing

In order to be considered for licensure/temporary permit by endorsement as a practical nurse in Louisiana, you **must** submit a copy of the following information **in addition** to the application, fee and notarized copy of current license:

- A copy of your signed and dated written request form to the **FBI**.
- A copy of the money order made payable to the **FBI**.
- A copy of your fingerprint card.

When you receive the results of your FBI background check, you must immediately submit them to the board office.

Did You Remember To...?

Before mailing your application packet to us, please review and check the boxes below to ensure that you have included everything needed to process your request.

In order to be considered for a temporary permit, your application packet must include:

- Application** (Form 1 – pages 1 and 2) -- Completed and signed, to include 2x2 passport photo, signed and notarized. If applicable, include attachments (i.e. narratives, court documents, etc.)
- Fee** -- Money order or cashier's check in the amount of \$100.00 payable to LSBPNE.
- Current License** -- A notarized, copy of your current practical nurse license, in good standing, issued by another U.S. Board of Nursing.
- FBI** -- A copy of all of the information you mail to the FBI for the background check.

For more information: www.fbi.gov

Keyphrase: Background Check for Employment/Licensing

These copies are to include:

- ___ a copy of the fingerprint card (their form number FD-258);
- ___ a copy of their application information form (form number 1-783, Rev.1-31-10); and
- ___ a copy of the method of payment to the FBI (copy of money order or cashiers check in the amount of \$18.00 made payable to the Treasury of the United States or, if paying by credit card to them, a copy of the credit card payment form.)

NOTE: When completing the paperwork for the FBI, in the section on the *Applicant Information Form* titled “Mail Results to Address” – complete this section with the results to be mailed to your address. When you receive these results, you then mail them to our office in the envelope from the FBI.

The following items must also be received in our office before eligibility can be determined for a Louisiana license to be issued to you:

- Transcript** -- Your official transcript from your school of nursing. (Form Two--to be completed by you and sent to your school with any fees they may require. They will then send the official transcript directly to our office.)
- Verification of Licensure** in your original state. (Form Three—to be completed by you and mailed to your original state of licensure, with any fees they may require. They will then send the verification directly to our office.)

NOTE: If your state is part of a compact state, we use Nursys.com to verify these state licenses. Registration can be completed at www.Nursys.Com. Notify our office when you have registered.

- Verification of License in all states** in which you currently hold, or have ever held, a license to practice. (Form Four—to be completed by you and mailed to each state, with any fees they may require. They will then send the verification directly to our office.)
- FBI** -- **Original** copy of the FBI background results in the envelope from the FBI. (As noted above, these results will only be mailed to you. When received, mail them to our office.)