

**Graduates of International Nursing Schools  
Application for Licensure by Examination/Endorsement**

**Instructions**

Please carefully read these instructions before submitting your application for a Vermont RN or LPN license.

- **For graduates of nursing programs (preparing RNs) conducted in English.** Please complete the application below. This Office will conduct an internal transcript and licensure review. At times we are unable to verify the comparability of a nursing program located outside of the United States to Vermont requirements. If that circumstance occurs, we will notify you.

**OR**

- **For graduates of LPN programs located outside of the United States:** Please complete the application below and request a Full Course-by-Course Credentials Evaluation Service Report (CES) from the CGFNS. You may register with CGFNS at [www.cgfns.org](http://www.cgfns.org) or contact them at 215-349-8767. Your application will be reviewed when the CES is received and all other required application materials are on file in this Office.
- **For RN's whose nursing program was NOT taught in English:** In order to apply to the State of Vermont, you must have completed the CGFNS Certificate Program. You may register with CGFNS at [www.cgfns.org](http://www.cgfns.org) or contact them at 215-349-8767. Your application will be reviewed when a copy of the certificate is received and all other required application materials are on file in this Office.
- **If your national nursing council or your government does not provide a public listing of approved nursing programs and the beginning and expiration dates of the approval,** be sure that you have submitted a current license verification form, found in this application.

Notice: The State of Vermont is currently not accepting RN or LPN applications from applicants educated in Haiti. Effective 9/10/08

**Please note:**

- Application forms are inspected on the date of receipt.
- Applications are returned if the fee is not included.
- Applications will not be reviewed if all sections are not completed.
- Applications will be reviewed to determine eligibility for the NCLEX only after all required information is on file in this Office.

**To complete your Vermont application you must:**

1. Complete Pages 1 through 8
  - a. Line by line instructions are provided below
  - b. Complete all sections
  - c. Fill in all blanks
2. Submit the Application fee of \$150.00 payable to: Vermont Secretary of State.
  - a. **Payment must be In US funds from a bank with a United States affiliate.**
  - b. The \$150.00 must come with the application or the application will be returned.
  - c. Payment can be sent in the form of check, money order, demand draft or travelers check.
  - d. Payment is not refundable.
  - e. Have your name written somewhere on the check.
3. Request the Director of your nursing programs (or other authorized officer) to complete, sign and return the "Verification of Education" form.
  - a. The form must be **stamped and sealed** with an official school seal.
  - b. Please note: This is not required for applicants who are obtaining a CGFNS certificate or CES report. **If you have already completed the credentials evaluation process through ICHP you may have them send certified copies of the documents directly to us instead.**
4. Request the Registrar or Director of your nursing programs to send **official, certified** transcripts (including clinical transcripts/related learning experiences).
  - a. The transcript must be **stamped and sealed** with an official school seal.
  - b. Please note: This is not required for applicants who are obtaining a CGFNS certificate or CES report. **If you have already completed the credentials evaluation process through ICHP you may have them send certified copies of the documents directly to us instead.**
5. Request your country's licensing authority to complete the Verification of Licensure form. This should be certified, sealed in an envelope by the licensing body and included with your application packet or sent directly from the licensing authority to our office. We need this verification for your original license and your most current license. **If you have already completed the credentials evaluation process through ICHP you may have them send certified copies of the documents directly to us instead.**
6. Submit one recent passport type photograph
  - a. Photo must be (2 inch X 2 inch) in size, head and shoulders only, and must be recent (taken within the last 6 months).
  - b. Attach photo to application.
7. Submit a copy of your current nursing license
  - a. The license must be in good standing and show an expiration date.
  - b. Please note: If you do not hold a current nursing license you are not eligible to take the NCLEX through Vermont.

8. Submit a photocopy of your passport (just the open face page).
  - a. Be sure that the copy provided is clear and easy to read.
  - b. Please note: **Write your name on the Vermont application exactly as it appears on your passport, or you will not be able to sit for the exam.**

**Line by Line Instructions:** (Fill out all sections. Do not leave any blanks)

*Page 1:*

- Enter your name exactly as it appears on your passport.
- Please provide an email address. Please make sure it is clearly printed, as any requests for information will be directed to your email.
- Add our email address ([foreign\\_nurse@sec.state.vt.us](mailto:foreign_nurse@sec.state.vt.us)) to your address book so that if we contact you via email, it does not get filtered to junk mail. *It is the responsibility of the applicant to add the International Nurse email address to their contact lists so that emails regarding application status are received. Email will be the primary form of communication from this office.*
- Please note: If an applicant is represented by an Agency – Only the Agency may contact the Office. All correspondence related to the applicant will be sent directly to the agency.
- You must provide a Social Security Number if you have one.
- If you do not have a Social Security Number, you must provide passport information instead.

*Page 2:*

- Indicate how many hours you have worked as a nurse in the last 5 years. Do not leave this section blank. Your application will be considered incomplete. If you have not worked in the last 5 years, check the “I have not worked as a nurse in the last 2 or 5 years” box.
  - Please note: If you graduated from your nursing program within the last 5 years and have not worked at all, you may leave the section blank.
- Completely fill out your school’s contact information, including their full address, the degree you earned, and the date you graduated. This information is all required.
- **NOTE:** If your national nursing council or your government does not provide a public listing of approved nursing programs, you will need to obtain a course-by-course Credentials Evaluation Service (CES) Report from CGFNS and submit it with your application.
- Provide your license information. If you do not hold a license, you are not eligible to sit for the exam through the State of Vermont.
  - Provide your original nursing license country, license number, issue date, and expiry date.
  - Provide your current nursing license country, license number, issue date, and expiry date if different.

*Page 3:*

- You are required to answer all of the legal questions on this page.

*Page 4:*

- You are required to answer all of the legal questions on this page.

*Page 5:*

- If you have taken the NCLEX one or more times, be sure to let us know the date(s) and in which state(s). Also include copies of your fail letters (with photos) with this application. You can obtain those letters from the Board of Nursing in the State through which you took the exam.
- You MUST sign and date this page.

*Page 6:*

- Fill out your secondary school information (high school) and attach a copy of your graduation certificate.

*Pages 7 and 8:*

- Applicants must fill out the first block on this page and then submit the form to their school of nursing.
- The school will then send the form either to the applicant or directly to Vermont. The form MUST be in an envelope sealed by the school in order to be accepted by the State of Vermont.

*Page 9:*

- You must fill out the verification of licensure form and send it to your country's licensing body for verification. You must complete this requirement for both your original license and your most current license *if* they are from different licensing bodies.

**Please review your application carefully.** Failure to follow all of these instructions very carefully will result in an incomplete or incorrect application and will slow the process.

*Guidelines for Contacting this Office:*

- To check your application status, check the website. [www.vtprofessionals.org/opr1/nurses](http://www.vtprofessionals.org/opr1/nurses) and follow the relevant instructions.
- For queries on applications submitted more than 5 months ago, email and either the auto-reply will answer your question or we will respond. Please be sure to state your full name and the date your application was received in the email.
- Questions that can be answered by looking at the website or the application form itself will not be responded to through email.
- We do not answer application status questions over the phone.
- If you have a question about an application that was submitted more than 5 months ago, you may contact us by email.

Ready to submit your application? Use the following checklist to be sure you have included everything you need.

- Included the \$150 fee
- Included a 2x2 inch photo
- Included email address – Printed CLEARLY.
- Filled out educational information
- Filled out work history information
- Filled out license and passport information
- Answered question concerning whether or not you have taken the NCLEX, and how many times.
- If you have taken the NCLEX, you have included copies of your fail letters from the Board of Nursing you took the exam through
- Included copy of passport
- Included copy of initial nursing license.
- If you hold any additional active nursing licenses, include copies.
- Included certified verification of licensure (in good standing) for both original and any other active licenses. These must be submitted with your application in an envelope sealed by the licensing authority, or sent directly from your licensing authority to this office.
- Answered ALL legal questions
- Filled out secondary school information and attached copy of graduation certificate
- Signed application
- Sent verification of education to school with request for transcripts
- Sent CGFNS Certificate or CES Report (if applicable)

Please Visit the *International Nurse Frequently Asked Questions* page on our website <http://vtprofessionals.org/opr1/nurses/> for answers to common questions regarding the application process.

**Board of Nursing - Vermont Secretary of State - Office of Professional Regulation**  
**National Life Building, North, Floor 2, Montpelier, VT 05620-3402**  
**E-Mail: [foreign\\_nurse@sec.state.vt.us](mailto:foreign_nurse@sec.state.vt.us) Web: [www.vtprofessionals.org](http://www.vtprofessionals.org)**

<b>2"X2" Recent Photo</b>

Application for Licensure as a:        \_\_\_\_\_ Registered Nurse                                \_\_\_\_\_ Practical Nurse

Type or Print. When space is insufficient, attach additional sheets.

<b>Last Name/Surname/Family Name (As on Passport)</b>	<b>First Name</b>	<b>MI</b>	<b>Former/Maiden</b>
<b>Mailing Address - Street</b>			
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
<b>Telephone:</b>	<b>Fax:</b>	<b>E-Mail:</b>	<b>Date of Birth</b>

\*Note: Please add our email address ([foreign\\_nurse@sec.state.vt.us](mailto:foreign_nurse@sec.state.vt.us)) to your email address book so that when we email you it does not get filtered to your bulk/junk mail folders. It is the responsibility of the applicant to add the International Nurse email address to their contact lists so that emails regarding application status are received. Email will be the primary form of communication from this office.

<b>Agency – If applicable list Agency Name and Address</b>	<b>E-Mail:</b>
<b>Address</b>	<b>City</b>
<b>State</b>	<b>Postal Code</b>

A Social Security Number is **NOT** required if you are not a U.S. citizen **and** do not have a Social Security Number.

<b>Social Security #</b> _____ / _____ / _____
* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. YOUR SOCIAL SECURITY NUMBER IS NOT SUBJECT TO DISCLOSURE AS PART OF A PUBLIC RECORDS REQUEST.

A Passport Number **IS** required if you do not have a Social Security Number.

<b>Passport #:</b> _____ <b>Country of Issue:</b> _____ <b>Expiration Date:</b> _____
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**Board of Nursing - Vermont Secretary of State - Office of Professional Regulation**  
**National Life Building, North, Floor 2, Montpelier, VT 05620-3402**  
**E-Mail: [foreign\\_nurse@sec.state.vt.us](mailto:foreign_nurse@sec.state.vt.us) Web: [www.vtprofessionals.org](http://www.vtprofessionals.org)**

<b>I have practiced nursing as defined in 26 V.S.A. § 1576, for at least (check the appropriate statement):</b>			
<input type="checkbox"/>	<b>120 days (960 hours) in the last 5 years</b>	<input type="checkbox"/>	<b>50 days (400 hours) in the last 2 years</b>

<b>Position #1 (most recent)</b>			
<b>Employer (Institution Name)</b>	<b>City</b>	<b>State</b>	<b>Country</b>
<b>Dates of Employment:</b>	<b>From:</b>	<b>To:</b>	
<b>Full Time or Part Time?</b>		<b>Paid or Volunteer?</b>	
<b>Job Title:</b>			

<b>Position #2</b>			
<b>Employer (Institution Name)</b>	<b>City</b>	<b>State</b>	<b>Country</b>
<b>Dates of Employment:</b>	<b>From:</b>	<b>To:</b>	
<b>Full Time or Part Time?</b>		<b>Paid or Volunteer?</b>	
<b>Job Title:</b>			

<input type="checkbox"/> <b>I have not worked as a nurse in the last 2 or 5 years. (check the box if this statement applies to you)</b>
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You must have either worked as a nurse as stated above or have graduated within the last 5 years in order to qualify to sit for the NCLEX through the State of Vermont.

<b>Nursing Education: Name, City &amp; State of College/University Attended - Institution must also complete the Nursing Education Certification form.</b>	<b>Type of Degree Earned</b>	<b>Date Graduated (mm/dd/yyyy)</b>
<b>Name:</b> _____ _____		
<b>Address:</b> _____ _____		
<b>Email:</b> _____ <b>Phone:</b> _____		

<b>Country of Initial Licensure</b>	<b>License #</b>	<b>Date Issued</b>	<b>Date Expires(d)</b>
<b>Country of Other Licensure</b>	<b>License #</b>	<b>Date Issued</b>	<b>Date Expires</b>

**CHILD SUPPORT:**

Child Support Orders (15 V.S.A. § 795)

As of the date of this application: (you must check one)

I am not subject to a child support order; OR

I am subject to a child support order and am in good standing\* or in full compliance with a plan to pay

I am not in good standing or in full compliance with a plan to pay.\*\*

**TAXES:**

Tax Compliance (32 V.S.A. § 3113(b)):

As of the date of this application: (you must check one)

I have never lived or worked in Vermont and do not owe Vermont taxes; OR

no taxes are due and payable and all required returns have been filed; OR

the liability for any taxes due and payable is on appeal; OR

I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR

I am not in good standing\* or in full compliance with a plan to pay.\*\*

**UNEMPLOYMENT COMPENSATION:**

Unemployment Compensation (21 V.S.A. §1378(b)):

As of the date of this application: (you must check one)

This does not apply to me because I am not now, nor have I ever been an employer in Vermont; OR

No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR

I am not in good standing\* or in full compliance with a plan to pay.\*\*

**DISTRICT COURT FINES / JUDICIAL BUREAU:**

Unpaid Judgments (4 V.S.A. § 1110(c))

As of the date of this application: (you must check one)

I do not have any unpaid judgments.

I am in good standing\* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense."

I am not in good standing.\*

\* "Good standing" is defined by various laws cited above. For more information, refer to the statute or consult the "information for applicants" on the OPR web page.([www.vtprofessionals.org](http://www.vtprofessionals.org))

\*\* You may request that the licensing authority find that requiring immediate payment of child support due and payable would impose an unreasonable hardship. This form is available on the OPR web page.

You are required by law to answer ALL of the following questions.

Circle Yes or No. A yes requires a written explanation, and/or other documentation		
1. Have you ever committed acts of abuse, neglect, or misappropriation of patient property? <i>If yes, provide a detailed written explanation and attach all related documents.</i>	YES	NO
2. Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied your application for a license, certificate, or registration in any profession or occupation? <i>If "Yes," attach a copy of the order or official notification of the action.</i>	YES	NO
3. Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," provide a copy of the order or official notification of the action.</i>	YES	NO
4. Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," provide a detailed written explanation.</i>	YES	NO
5. Are you currently under investigation by another licensing authority? <i>If "Yes," provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	YES	NO
6. Have you EVER been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not minor) <i>If "yes," provide a detailed written explanation and attach the official court documents.</i>	YES	NO
7. Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "yes," provide a detailed written explanation and attach a copy of the charging documents.</i>	YES	NO

Circle Yes or No. A yes requires a written explanation, and/or other documentation. Answers to these Questions are not subject to public disclosure.		
1. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," please have your provider submit a detailed statement explaining how you are able to practice safely.</i>	YES	NO
2. Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," provide a detailed written explanation.</i>	YES	NO
3. Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs? <i>If "Yes", provide a detailed written explanation.</i>	YES	NO
4. Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? <i>If "Yes," please provide the contract/stipulation under which you are practicing.</i>	YES	NO

1. Have you ever taken the NCLEX exam?	YES NO
<p>If you answered "Yes" please let us know what state you have taken NCLEX through and include a copy of your results with this application.</p> <p><i>*Candidates who do not retake the examination within two years of the initial examination may retake the examination only after an approved comprehensive NCLEX review course.</i></p> <p><i>*Candidates who fail the examination two times shall, before being considered for a third examination, complete a comprehensive NCLEX review course. The Candidate shall provide the Board with a copy of the following:</i></p> <ol style="list-style-type: none"> <li>1. curriculum plan</li> <li>2. certificate of completion</li> <li>3. final overall course score.</li> </ol>	
Number of times the exam was taken:	
Dates the exam was taken:	
US States through which the exam was taken:	

If you have failed the NCLEX, include copies of your fail letters (with photos) with this application. You can obtain those letters from the Board of Nursing in the State through which you took the exam.

<b>Statement of Applicant</b>	
<p>I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure or further disciplinary sanction.</p>	
Signature:	Date:

**Secondary Education Information:**

<b>Last Name</b> <i>(As on Application AND Passport)</i>		<b>First Name</b>		<b>MI</b>	<b>Former/Maiden Name</b> <i>(On School Documents)</i>	
<b>Mailing Address – Street</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth</b>
<b>Signature</b>				<b>Date</b>		

<b>Name of Secondary Education School</b>					
<b>Mailing Address</b>					
<b>Contact Name</b>			<b>Email Address OR Phone #</b>		
<b>Date of Graduation (mm/dd/yyyy)</b>		<b>Degree/Certificate Earned</b>			

**Attach a copy of your graduation certificate.**

**Verification of Education – Attach *Stamped* Official Transcript and Clinical Transcripts**  
**This page and the following page must also be stamped by the school**

**Applicant:** Complete the box below and have the School of Nursing complete this page and the page following.

<b>Last Name</b> <i>(As on Application AND Passport)</i>		<b>First Name</b>		<b>MI</b>	<b>Former/Maiden Name</b> <i>(On School Documents)</i>	
<b>Mailing Address – Street</b>		<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Date of Birth</b>
I hereby authorize the School of Nursing to furnish to the Board of Nursing the information requested below.						
<b>Signature</b>				<b>Date</b>		

**Information Below To Be Completed by the School of Nursing: (Attach Official Transcript and Detailed Course Descriptions)**

<b>Name of Nursing School</b>						
<b>Mailing Address</b>						
<b>Program Commenced (mm/dd/yyyy)</b>	<b>Date of Graduation (mm/dd/yyyy)</b>		<b>Degree/Certificate Earned</b>			

<b>1. What was the language (s) of the textbooks for the nursing program?</b>	
<b>2. What was the language (s) of instruction for the theory element of the nursing program?</b>	
<b>3. What was the language (s) of instruction for the clinical element of the nursing program?</b>	

<b>Is your Nursing Program approved/recognized or accredited by your country's government or an accrediting agency?</b>	<b>YES</b>	<b>NO</b>
<b>Provide the contact information for that governing body or agency below:</b>		
<b>Name</b>		
<b>Address</b>		
<b>Phone Number</b>		
<b>Web Address</b>		
<b>Email Address (if applicable)</b>		

Last Name/Surname \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

**Summary of Theoretical Education and Clinical Practice Hours**

Clinical Area of Practice	Theory Hours	Course/Subject/Module Title(s)/Number on Transcript (REQUIRED)	Clinical Hours	Course/Subject/Module Title(s)/Number on Transcript (REQUIRED)
Care of the Adult-Medical Nursing				
Care of the Adult-Surgical Nursing				
Maternal/Infant Nursing or Obstetric Nursing				
Psychiatric/Mental Health Nursing				
Pediatric Nursing/Care of the Sick Child:				

Support Courses:	Theory Hours	Course/Subject/Module Title(s)/Number on Transcript (REQUIRED)
Anatomy and Physiology		
Microbiology		
Psychology		

Print Name		Date		<b>Official School Seal/Stamp</b>
Position/Title		Telephone		
		Email		
Signature of Dean/Director				

**Note: Please sign and place official school stamp on BOTH pages of this form. Thank you.**

**VERMONT BOARD OF NURSING  
VERIFICATION OF INTERNATIONAL REGISTERED NURSING LICENSURE**

**APPLICANT:** Complete the applicant section of this form and forward it to the licensing authority in the country in which you obtained your license. Please print. **MOST LICENSING AUTHORITIES CHARGE A FEE TO COMPLETE THIS FORM.**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Former)

Address \_\_\_\_\_  
(Street) (City) (State) (Country) (Post Code)

Date of Birth: \_\_\_\_\_ License# \_\_\_\_\_ Date Issued \_\_\_\_\_

**I hereby authorize the Licensing Authority in the Country of \_\_\_\_\_ to furnish to the Vermont Board of Nursing the information requested below.**

Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**COUNTRY LICENSING AUTHORITY:** Please complete the bottom of this form and return to: Vermont Board of Nursing, National Life Bldg., North, FL2, Montpelier, VT 05620-3402.

License Number \_\_\_\_\_ Country \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expired \_\_\_\_\_

If licensed/certified by endorsement please indicate state or country endorsed from: \_\_\_\_\_

Licensed By: ( ) Examination ( ) Endorsement/Reciprocity ( ) Waiver (If Yes, Please Explain) ( ) Other

License Status: ( ) Active ( ) Inactive ( ) Lapsed ( ) Other

Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation, etc.)? ( ) Yes ( ) No If yes, attach a copy of the decision.

List name of exam taken: \_\_\_\_\_

Number of times applicant wrote the examination? \_\_\_\_\_

Name of Nursing Education Program Completed \_\_\_\_\_

Location (City and State) \_\_\_\_\_ Year Graduated \_\_\_\_\_

Was the nursing program accredited or government approved? \_\_\_\_\_ YES \_\_\_\_\_ NO

By what accrediting body or government agency? \_\_\_\_\_

(OFFICIAL SEAL)

\_\_\_\_\_  
Name of Licensing Agency

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Title Date