

RN EXAMINATION APPLICATION INSTRUCTIONS – EDUCATED OUTSIDE US

IMPORTANT INFORMATION

About your ability to practice nursing

You may not work as a nurse in Missouri without a current Missouri nursing license. This includes orientation as well as any other employment in which you are being compensated as a nurse, regardless of whether or not the position includes hands on patient care.

The enclosed forms are:

- Application for a License as a Registered Professional Nurse by Examination
1. Complete the application in BLACK ink and in your own handwriting.
 2. Attach a RECENT two-inch by two-inch (2" x 2") passport-type size photograph of yourself to the application.
 3. Complete Section IV – Affidavit. This section must bear your signature and the signature of the notary public and the notary's seal or stamp.
 4. Criminal background checks. You must contact Identix at 866-522-7067 or www.identix.com/iis to schedule an appointment and then submit a receipt from Identix substantiating proof of fingerprinting with your application. You will pay a fee directly to Identix for this service.
 5. Send our office your application, receipt for fingerprinting, and the \$45.00 application fee. Make the check or money order payable to the Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

OTHER DOCUMENTS THAT YOU MUST PROVIDE TO THE BOARD OF NURSING OFFICE

1. Copy of your birth certificate, family census record or a copy of a valid passport. If these documents are not available, a copy of your baptismal certificate or a notarized statement from an authorized agency will be accepted as verification of name, date, and place of birth.
2. Copy of original license or certificate issued by the licensing agency where original registration was secured by examination.
3. Certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS). After you obtain a CGFNS certificate, you need to have the Commission on Graduates of Foreign Nursing Schools send our office your CGFNS certificate. You will have to contact their office to find out how to obtain a CGFNS certificate. You may contact the Commission on Graduates of Foreign Nursing Schools at: 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651. Phone: (215) 349-8767. Facsimile: (215) 662-0425. Telex: 402409 CGFNS PHA. Cable: CGFNS, Philadelphia, USA E-mail: info@cgfns.org. Web site: www.cgfns.org
4. Copy of marriage license/certificate, if ever married.

All credentials must be in English or English translation by an authorized person. Translations must be attached to a copy of the original document.

ADDITIONAL INFORMATION

Applicants for licensure must meet the same minimum requirements as graduates of Missouri schools of nursing. The licensure process is time consuming and may take several months to complete. You may not work as a nurse in the State of Missouri until you have passed the examination and are licensed. The Missouri State Board of Nursing has no legal basis to issue a temporary permit.

When all documents requested have been received, your application will be evaluated. If you are found eligible to take the NCLEX® examination you will be notified in writing and sent a testing service registration bulletin. You must then register for the exam with the test service before you can schedule your exam session. Examinations are given year-round at approved test centers.

You cannot be granted a license until you provide a United States social security number. Pursuant to 42 U.S.C. Section 666(a)(13), federal law requires each state to institute procedures to obtain the social security number of any applicant for a professional license or occupational license and requires that the social security number be recorded on the application. In response to this federal mandate, the State of Missouri has instituted a procedure to comply with this provision. In 1997, Senate Bill 361 was passed by Missouri's 89th General Assembly and signed into law by the late Governor Mel Carnahan and became effective on July 1, 1997. Section 620.145, RSMo (Supp. 1997) provides in pertinent part that, **"...each board shall require each person applying for a license, permit or certificate, or a renewal of a license, permit or certificate to furnish the board with the applicant's social security number...every application for a license, certificate or permit, or renewal of a license certificate or permit issued in this state shall contain the social security number of the applicant."**

NOTICE

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law by the Governor on July 1, 2003.

7/2005 kt



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
MISSOURI DIVISION OF PROFESSIONAL REGISTRATION

**APPLICATION FOR LICENSE AS A
REGISTERED PROFESSIONAL NURSE
BY EXAMINATION**

Text Telephone (TT)
1-800-735-2966
(Hearing Impaired)

MISSOURI STATE BOARD OF NURSING
P.O. BOX 656
JEFFERSON CITY, MISSOURI 65102-0656
(573) 751-0681
WEBSITE: <http://pr.mo.gov>
EMAIL: nursing@pr.mo.gov

RN-X

APPLICATION FEE IS NON-REFUNDABLE AND FORFEITED
IF REQUIREMENTS FOR LICENSE ARE NOT MET.

FOR OFFICE USE ONLY			
LIC. APP. BY	LICENSE DATE	LICENSE NUMBER	
APP	TRANSCRIPT	DE	
MSHP	FBI		
CHECK	MO	CASH	DEPOSITED

SECTION I - PROFILE INFORMATION

FULL NAME (LAST)				(FIRST)				(MIDDLE)				(MAIDEN)						
PREVIOUS OR OTHER NAME(S)																		
ADDRESS (if your mailing address is a PO Box, you must also provide a street address below) (STREET) (CITY) (STATE) (ZIP CODE)																		
*INDICATE YOUR PRIMARY STATE OF RESIDENCE, (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE)								LIST ALL STATES IN WHICH YOU ARE CURRENTLY PRACTICING.										
DATE OF BIRTH MONTH DAY YEAR			PLACE OF BIRTH (CITY)				(STATE)				(COUNTY)				MOTHER'S MAIDEN LAST NAME			
**SOCIAL SECURITY NO. (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY)								TELEPHONE NO. - HOME ()				TELEPHONE NO. - WORK ()						
INTERNET E-MAIL ADDRESS (OPTIONAL PLEASE PRINT)								FAX NUMBER (OPTIONAL)										

SECTION II - BASIC PROFESSIONAL NURSING EDUCATION

PROFESSIONAL SCHOOL OF NURSING															
ADDRESS (CITY) (STATE)															
TYPE OF PROGRAM <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> OTHER (SPECIFY) ►												GRADUATION DATE			

SECTION III - REFERENCES

List the name, address and telephone number of two individuals who will always know where to reach you and indicate their relationship to you. The references should not have the same daytime telephone number. This information will be used to contact you, if necessary.

NAME								TELEPHONE NO. ()							
ADDRESS								RELATIONSHIP							
NAME								TELEPHONE NO. ()							
ADDRESS								RELATIONSHIP							

*Primary State of residence means the State of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence; driver's license, voter registration card, federal income tax return.

SECTION IV - ADDITIONAL INFORMATION

1. Have you ever been issued a professional license, certification, registration, or permit by any state, United States, territory, province or foreign country? YES NO
IF YES, IDENTIFY TYPE OF LICENSE, WHEN ISSUED AND BY WHOM.

2. Have you ever been denied a professional license, certification, registration or permit? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.

3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.

4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.

5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration, or permit? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.

6. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was imposed (excluding traffic violations)? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).

7. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).

8. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception, or malpractice related to your practice as a registered professional nurse? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).

9. Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance, or alcohol, to the point where your ability to practice as a registered professional nurse would be affected? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT

10. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE THE DISCHARGE SUMMARY OR OTHER OFFICIAL DOCUMENTATION THAT SHOWS YOUR DIAGNOSIS, PROGNOSIS, AND TREATMENT PLAN.

Note: **You must provide your social security number pursuant to state and federal law.**
If you fail or refuse to provide your social security number, we will consider your initial application or renewal application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application and could result in the imposition of late fees, administrative revocation of your license, a lapsed license or disciplinary action against your license.

SECTION V - AFFIDAVIT (TO BE NOTARIZED BY A NOTARY PUBLIC)

I am aware that all documents needed for licensure by examination must be received in the Board office before my original license can be issued. I am also aware it is my obligation, pursuant to Board regulations, to keep the Board informed of my current name and address.

Being duly sworn, I state that I am the person whose photograph is attached, and who is referred to in the foregoing application for licensure as a Registered Professional Nurse in the State of Missouri; that the statements therein are strictly true in every respect; that I have complied with all requirements of law; that I am of good moral character; and that I have read and understood this affidavit.

MUST BE SIGNED IN PRESENCE OF NOTARY ►		APPLICANT SIGNATURE
STATE OF	COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSEER SEAL USE RUBBER STAMP IN CLEAR AREA BELOW.
SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

SECTION VI - NURSING PROGRAM DIRECTOR ENDORSEMENT

TO BE COMPLETED BY THE NURSE ADMINISTRATOR OF THE NURSING PROGRAM.

I VERIFY THAT THE PERSON NAMED IN THIS APPLICATION IS THE PERSON WHOSE PHOTOGRAPH IS ATTACHED.

ATTACH PHOTOGRAPH HERE

DO NOT PASTE

TO BE ACCEPTABLE THE PHOTOGRAPH MUST BE 2 X 2 INCHES IN SIZE, RECENT AND SHOW A CLEAR PICTURE OF YOUR FACE.

NURSE ADMINISTRATOR SIGNATURE
SCHOOL OF NURSING

PLEASE AFFIX SCHOOL SEAL

Data provided below is **voluntary** and is not required in order to submit an Application for Licensure. This data will assist the department in nurse demographics. **PLEASE PRINT IN BLACK INK.**

GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
RACE/ETHNIC GROUP <input type="checkbox"/> CAUCASIAN (WHITE) <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> OTHER (if other please indicate) _____	
NATIONALITY <input type="checkbox"/> AMERICAN <input type="checkbox"/> FOREIGN (please indicate) _____	
LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FOREIGN (please indicate) _____	
CITIZENSHIP <input type="checkbox"/> UNITED STATES <input type="checkbox"/> FOREIGN (please indicate) _____	

PROGRAM CODE

FOR OFFICE USE ONLY

DO NOT WRITE ON THIS PAGE

LAST NAME	FIRST NAME	MIDDLE	MAIDEN
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ITEM	DATE RECEIVED	INIT	DATE PROCESSED	INIT	PROBLEMS	PROBLEMS CLARIFIED
FEE						
APPLICATION						
PHOTOGRAPH						
TRANSCRIPT						
EXAM VERIFICATION - OTHER STATE						

BACKGROUND CHECKS	RECEIVED CARD	FORWARDED CARD	REPORT RECEIVED	REPORT PROCESSED
HP				
FBI				

	TEST 1	TEST 2	TEST 3	TEST 4
ELIGIBILITY TRANSMITTED				
APPOINTMENT DATE AND SITE				
RESULTS P OR F				

COMMENTS AND/OR PROBLEMS
