



Dear Applicant for Nursing Licensure in New Mexico,

Thank you for applying for licensure as a nurse in New Mexico. The information in this packet is designed to provide you with the necessary information needed to process your application in a timely manner. Your assistance in providing all required information will enable the board staff to process your application.

All required fees must be submitted and your application must be completed in its entirety before the application can be processed. Incomplete applications will not be processed and will be returned to the address provided on your application. Please be sure you provide the address where you want information sent. Checklists are provided to ensure that all items have been addressed in your application. Please read the instructions fully and completely before sending in the application. Please be sure all items on the checklist are completed. You should keep a copy of the application and all other materials sent to the board office for your personal records.

When your application arrives at the Board your fees will be deposited and verified before the staff can review your application. Be aware that verification of licensure from other states and transcripts from schools may take some time in arriving to the board office.

If you need to communicate with the board staff, you are encouraged to fill out our on-line Contact Form, available on our website (<http://www.bon.state.nm.us/>). Our office hours are: Monday – Friday; 8:00 am – 5:00 pm Mountain Time. We are closed for lunch from 12 noon – 1:00 p.m. as well as on holidays.

Procedures for licensure in NM have been streamlined to expedite the processing of applications; we welcome your comments on how services can be improved.

# **EXAMINATION APPLICATION INFORMATION**

Keep a copy of your completed application for your records.

- **Do not submit** your application for licensure by examination if you have not completed your nursing program. This will avoid processing delays caused by submission of a deficient application.
- **Do not submit** your application if you list a compact state as your primary residence. You must apply to take the examination in your primary state of residence if it is a compact state. The compact states are:
  - [Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin](#)
  - [Applications will be returned unprocessed if your state of residence is one of these states.](#)
- Applications are reviewed in the date order received. In order to provide ethical and efficient customer service we are unable to process applications out of the date order. If you move you must change your address with the Board of Nursing as mail is not forwarded.
- **If your mailing address changes while application is being processed please notify the board immediately. We will not forward any mail returned to us with incorrect address.**
- Read all application guidelines and the NM Board of Nursing rules before completing your application. You can review the laws and rules through the Board website [www.bon.state.nm.us](http://www.bon.state.nm.us).
- All sections must be completed in full. If an item is not applicable, indicate with N/A, non-applicable. N/A is not acceptable for Yes or No questions and could delay your application processing. Failure to submit a complete application will result in a delay of processing. If you provide false information the Board of Nursing may deny your application for licensure.
- NAME and/or ADDRESS changes must be submitted to the board office. Please indicate "Licensure by Examination Applicant" on all communications with the board office prior to issuance of a nursing license. All name changes requires a copy of filed legal documents, certified as a true copy, i.e. marriage certificate, divorce decree or court order. Only a nurse's **LEGAL** name shall be used for licensure in NM.
- **APPLICATIONS BECOME NULL AND VOID ONE (1) YEAR AFTER BEING RECEIVED AT THE BOARD OFFICE. INCOMPLETE APPLICATIONS AND/OR FINGERPRINT CARDS WILL BE RETURNED UPON RECEIPT.**

## **Eligibility Requirements**

- Completion of and eligible for graduation from a board approved course of study for the preparation of registered or practical nurses, or graduation from a program that is equivalent to an approved program of nursing in the U.S.
- CERTIFICATE OF ELIGIBILITY FOR GRADUATION OR FINAL TRANSCRIPT with degree awarded must be received directly from the registrar's office prior to permission to take NCLEX (National Council Licensure Examination).
- Graduates from non- U.S. programs must submit proof of nursing education that is equivalent to an approved program of nursing in the U.S. The board does not evaluate transcripts. You must have an

evaluation of educational credentials conducted by a qualified credentials evaluator. Applications received without this evaluation will be considered incomplete and returned to the individual.

- If the criminal background check reveals a felony or violation the applicant/licensee will be notified to submit copies of legal documentation and other related information to the Board.

Please use the following checklist to ensure your application is complete. Failure to attach any document or to have required documentation sent to the Board will result in an incomplete application. **Final approval can not be granted until the application is complete.** Faxed applications will not be accepted.

### **NCLEX Examination Information**

- In addition to applying to the Board of Nursing, all applicants for examination must register with Pearson VUE.
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- You may register by telephone (1-866-496-2539) or by Internet (<http://www.vue.com/nclex>) by using a valid credit card.
- Failure to register for the examination with Pearson VUE will delay issuance of your authorization to test.

# EXAMINATION APPLICATION CHECK LIST

## (Section 1)

### FEES AND FINGERPRINT CARDS:

**Application Fee:** You must submit the correct FEE with your application payable to the NM Board of Nursing.

**Fingerprint cards:** You must submit the fingerprint cards with your application with correct FEE payable to NM Department of Public Safety.

See the Board website [www.bon.state.nm.us](http://www.bon.state.nm.us) Licensing Forms for more information about the fingerprint card requirements.

- **FEES ARE NON-REFUNDABLE.** Fee are accepted only in the form of:
  - U.S. Money Order, Cashier's Check or Demand Draft drawn on U.S. banks and made payable to NM Board of Nursing.
  - Credit Cards: MasterCard or Visa, or
  - Cash (EXACT AMOUNT ONLY). **DO NOT MAIL CASH.**
  - Canadian money orders are only acceptable from CIBC or Toronto Dominion.
  - **Personal checks or debit cards are not accepted.**
- **IMPORTANT NOTICE: APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED FINGERPRINT CARDS, STATE AND CRIMINAL BACKGROUND CHECK FORMS AND THE BACKGROUND CHECK PROCESSING FEE OF \$40.25.**

## (Section 2)

PERSONAL INFORMATION: Applications will be processed with the complete name provided in this section. Be sure to use the same name and address on all documentation. Exam candidates must enter your name exactly as it appears on your picture identification that will be presented at the test center.

**Name Change Documentation:** To request a name change you must submit proper documentation. Acceptable forms of proper documentation are a copy of a marriage license, divorce decree that indicates the restoration of your maiden name, or a court order. We are unable to accept a driver's license or social security card as proof of your name change.

## (Section 3)

NURSING EDUCATION HISTORY: Complete all nursing education history. Information listed in this section must match with your Pearson VUE registration.

- Graduates from State-Approved Programs should provide a **CERTIFICATE OF ELIGIBILITY FOR GRADUATION OR FINAL TRANSCRIPT** with degree awarded, indicating date of graduation and certificate or degree awarded, must be received directly from the registrar's office prior to permission to take the NCLEX.
- **Applicants who are Graduates of Foreign Nursing Programs:** The Board of Nursing requires you to have your nursing education evaluated by a qualified credentialing agency. **You must request the nursing or health care profession and science course-by-course credentials review.** **You are responsible for all fees charged by these services.**

These are some of the agencies that may be used to request a **course-by-course credentials review**:

Educational Records Evaluation Service Inc  
601 University Avenue Suite 127  
Sacramento CA 95825-6738 USA  
Phone: (916) 921-0790 or 866-411-3737  
866-411- ERES (Toll Free)  
Fax: (916) 921-0793  
Email: [edu@eres.com](mailto:edu@eres.com)  
Web: [www.eres.com](http://www.eres.com)

International Education Research  
Foundation Inc  
Post Office Box 3665  
Culver City, CA 90231-3665 USA  
Phone: (310) 258-9451  
FAX: (310) 342: 7086  
Email: [information@ierf.org](mailto:information@ierf.org)  
Web: [www.ierf.org](http://www.ierf.org)

Joseph Silney and Associates Inc  
Consultants  
7101 SW 102 Avenue  
Miami, Florida 33173 USA  
Phone (305) 273-1616  
Fax: (305) 273-1616  
Email: [info@jsilny.com](mailto:info@jsilny.com)  
Web: [www.jsilny.com](http://www.jsilny.com)

Commission on Graduates of International Education  
Foreign Nursing Schools  
3600 Market Street Suite 400  
Philadelphia PA 19104-2651, USA  
Phone: (215) 662-0425  
Fax: (215) 662-0425  
Email: [info@cgfns.org](mailto:info@cgfns.org)  
Web: [www.cgfns.org](http://www.cgfns.org)  
Automated Phone System: (215) 599-6200

**(Section 4)**

\_\_\_\_\_ **PERMIT TO PRACTICE:** Graduate nurses may request and may be approved for Graduate Nurse Permits. The examination application for licensure must be received at the Board of Nursing within twelve (12) weeks of graduation. The prospective employer must submit a letter of verification of intent to hire, on letterhead, indicating the institution name, and RN's name and license number who will be responsible to assure that you practice under **Direct RN Supervision**.

- **Direct Supervision** is defined as “the person responsible for the direct supervision must be in the facility or on the unit with the graduate permit holder observing, directing and evaluating the performance of the permit holder; the supervisor must not be engaged in other activities that would prevent them from providing direct supervision”, per 16.12.2.7 NMAC.
- Permits to practice are issued directly to a New Mexico employer. You must sign your permit to practice prior to employment as a GN/GPN. Contact your employer. The permit will be sent directly to the NM Employer, either through email or regular mail.
- Permits to practice will not be issued for applicants who declare residency in other compact states.
- A permit-to-practice is valid for six (6) months from the date of application or until examination results are issued by the NM Board.
- A permit is **VOID** if applicant fails the examination or fails to take the examination within 6 months after graduation.
- Allow at least **three (3) weeks** for processing a **permit to practice** from the receipt of a completed file. A completed file for a permit includes the exam application to the NM Board of Nursing; Certification of

Eligibility of Nursing Program or official transcript; fingerprint cards; forms; fee and letter of intent to hire.

**(Section 5)**

\_\_\_\_\_ **DISCIPLINARY:** Failure to disclose criminal history or disciplinary action on your nursing license may result in denial of your application.

- Disciplinary questions require a YES or NO answer. If yes, you are required to provide certified copies to the NM Board of Nursing any legal documents and explain the charges.

**(Section 6)**

\_\_\_\_\_ **DECLARATION OF PRIMARY STATE OF RESIDENCE:** You must declare your primary state of residence. This is where you live and this is considered your fixed or permanent residence.

- If you live in one of the compact states, you must take the examination in that state. The compact states are: [Arizona](#), [Arkansas](#), [Colorado](#), [Delaware](#), [Idaho](#), [Iowa](#), [Kentucky](#), [Maine](#), [Maryland](#), [Mississippi](#), [Nebraska](#), [New Hampshire](#), [North Carolina](#), [North Dakota](#), [South Carolina](#), [South Dakota](#), [Tennessee](#), [Texas](#), [Utah](#), [Virginia](#) and [Wisconsin](#)

**(Section 7)**

\_\_\_\_\_ **APPLICANT SIGNATURE:** The application must be signed by the applicant before submission. Failure to sign your application will result in your application being returned. Be sure the same name used on your application is the same on each document.

\_\_\_\_\_ **SPECIAL ACCOMODATIONS** License examination candidates with a disability as defined by the American with Disabilities Act who which to request modifications in the security measures for the NCLEX – RN or the NCLEX – LPN should contact the Board of Nursing office for an application and direction.

EXAMINATION PAYMENT FORM  
(PLEASE PRINT)

LEGAL NAME: \_\_\_\_\_  
Last First Middle Maiden

Social Security # \_\_\_\_\_ NM Nursing License # \_\_\_\_\_

**Examination Fees**

\_\_\_\_\_ Registered Nurse \$110.00  
\_\_\_\_\_ Licensed Practical Nurse \$110.00

**AGENCY NAME (if applicable)** \_\_\_\_\_

**Acceptable forms of payment listed below:**

Cashiers Check  Money Order  Demand Draft  Business Check  Credit Card (see below)

Please check one of the following cards only:  MasterCard  Visa#

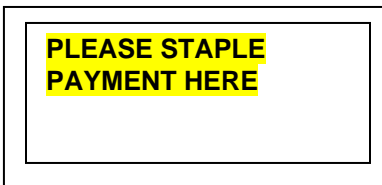
**CREDIT #**

**EXPIRATION DATE**   /

**SIGNATURE:** \_\_\_\_\_

**PLEASE NOTE: THE FEE IS NON-REFUNDABLE**

PAYMENT MUST BE ATTACHED TO THIS FORM (unless using one of the above credit cards).



STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

EXAMINATION APPLICATION

APPLICATIONS BECOME NULL AND VOID ONE (1) YEAR AFTER BEING RECEIVED AT THE BOARD OFFICE. INCOMPLETE APPLICATION AND/OR FINGERPRINT CARDS WILL BE RETURNED UPON RECEIPT

Section 1
Please check one:
\$110.00 RN
\$110.00 LPN
For Office use only
FILE#
FP \$

IMPORTANT NOTICE: APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED FINGERPRINT CARDS, STATE AND CRIMINAL BACKGROUND CHECK FORMS AND THE BACKGROUND CHECK PROCESSING FEE OF \$40.25. YOU CAN GO TO THE BOARD WEBSITE www.bon.state.nm.us FOR MORE INFORMATION ABOUT THE FINGERPRINT CARDS.

Section 2 (Print Your Name as You Wish it to Appear on Your License)

Legal Name: Last First Middle Maiden
Mailing Address: Number Street Apt.
City State zip+4 County/Country
Gender: Male Home Phone:
MM/DD/YEAR U.S. Social Security Number Female Work Phone
Date of birth
E-mail:
Have you at any other time applied for or held a RN/LPN license in NM?
No Yes License Number: Date:

List ALL Full Name(s) Surname, First or Middle) including any abbreviations as appears on transcripts and/or other nursing licenses:

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If a middle name and/or maiden name are not indicated on your application it will be assumed that:

- You do not have a middle name or
- Your maiden name is the same as your last name or
- Other names have not been used for licensure.

**Section 3**

EDUCATION	SCHOOL NAME	CITY, STATE Or COUNTRY	DATE COMPLETED	DEGREE Type Granted:
<b>High School</b>				
<b>Basic Nursing Program</b>				

**SECONDARY EDUCATION COMPLETED: Check One:**

1.  Less than high school graduate
2.  High School Graduate or GED

**HIGHEST DEGREE HELD: Check One:**

- |  |  |
|--|--|
| 3. <input type="checkbox"/> Associate Degree             | 7. <input type="checkbox"/> Masters in other field   |
| 4. <input type="checkbox"/> Baccalaureate in other field | 8. <input type="checkbox"/> Masters in Nursing       |
| 5. <input type="checkbox"/> RN Diploma                   | 9. <input type="checkbox"/> Doctorate in other field |
| 6. <input type="checkbox"/> Baccalaureate in Nursing     | 10. <input type="checkbox"/> Doctorate in Nursing    |

**BASIC NURSING EDUCATIONAL PREPARATION: Check One:**

- LPN:** 1.  Completion of Practical Nursing Program    2.  Waiver/Experience
- RN:** 3.  Diploma    4.  Associate Degree    5.  Baccalaureate or higher degree

**Section 4 Request for Graduate Permit to Practice: VALID ONLY IN NEW MEXICO**

\_\_\_\_\_ I have requested my prospective employer to send a letter of intent to hire on their official letter head indicating the name and license number of my RN supervisor.

**Section 5 DISCIPLINARY**

**Each of the following questions requires a YES or NO answer:**

- 1.) Has disciplinary action ever been taken against your nursing license?  
No\_\_\_ Yes\_\_\_/State(s)\_\_\_\_\_ If yes: denied\_\_\_; revoked\_\_\_; suspended\_\_\_;  
probation\_\_\_; reprimand\_\_\_; other\_\_\_\_\_
- 2.) Is disciplinary action pending against a (any) nursing license in another state? No\_\_\_  
Yes\_\_\_/State(s)\_\_\_\_\_
- 3.) Have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? No\_\_\_ Yes\_\_\_/State(s)\_\_\_\_\_

If yes, Where \_\_\_\_\_  
Date(s) \_\_\_\_\_  
**If yes to any of the above, explain fully on separate page and submit certified copies of legal documents to the NM Board of Nursing.**

**Section 6: DECLARATION OF PRIMARY STATE OF RESIDENCE**

**THIS IS A MANDATORY REQUIREMENT FOR LICENSURE IN NEW MEXICO**

In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of \_\_\_\_\_ is my primary state of residence and that such constitutes my permanent and principle home for legal purposes. (“Primary state of residence” is defined as the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.) Upon licensure in New Mexico, I intend to practice in the state (s) of \_\_\_\_\_

**Section 7**

**I hereby make application for a license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and have enclosed the fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representation made on this application.**

\_\_\_\_\_  
LEGAL SIGNATURE

\_\_\_\_\_  
DATE

**\*\*POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY**

**The NM Board of Nursing does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Licensure exam candidates with a disability as defined by the Americans with Disabilities Act who wish to request modifications in the security measures for either NCLEX-RN or NCLEX-PN should contact the Board of Nursing office for an application & direction.**



**U.S. NURSING SCHOOL GRADUATES ONLY**

**THIS FORM MUST BE RECEIVED IN THE BOARD OFFICE DIRECTLY FROM THE REGISTRAR'S OFFICE.**

**CERTIFICATION OF ELIGIBILITY FOR GRADUATION OF NURSING PROGRAM**

This is to certify that

\_\_\_\_\_  
Name of Student

has completed all requirements for graduation in

\_\_\_\_\_  
Registered or Practical Nursing Program

at \_\_\_\_\_  
Name of School

Type of Degree/Certificate \_\_\_\_\_

Date Degree/Certificate awarded \_\_\_\_\_

\_\_\_\_\_  
Registrar

**SCHOOL SEAL**

\_\_\_\_\_  
Date