

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

**Overview about the Board of Nursing:**

It is the only State Board of Nursing where application procedure and approval thereof is most simple.

For CG Passed Applicants

A Foreign Country Applicant simply needs to file an application **(Page 1-4)** with **fee of \$150** with:

1. **Notarized copy of CG Certificate,**
2. Copy of Transcript,
3. Information to be filled in by the applicant **(Page.5)** for Secondary School Education to be submitted with Copy of Secondary School Certificates.
4. Verification from Licensing Authority in native country of Applicant **(Page.8)** certifying that her/his License is in good standing and Valid **(This certificate needs to be submitted in sealed cover from Licensing Authority).**

Non CG Passed Applicant

Vermont Board of Nursing is the only State Board of Nursing in US, which itself does the Credential Evaluation of Nursing Education of an applicant from a Foreign Country (Non-US).

**A Foreign Country Applicant with fee of \$150 need to submit:**

1. A duly filled in Application **(Page 1-4)**

2. Information to be filled in by the applicant **(Page.5)** for Secondary School Education to be submitted with Copy of Secondary School Certificates.
3. Verification of Education (VOE) **(Page 6-7)** of application certified by the director of Nursing School/College or other authorized officer. This verification needs to be submitted with certified copy of Transcript, Related Learning experience **in a sealed cover of Nursing College.**
4. Verification from Licensing Authority in native country of Applicant **(Page.8)** certifying that her/his License is in good standing and Valid **(This certificate needs to be submitted in sealed cover from Licensing Authority).**

**About Verification of Education (Page 6-7):**

- (A) To approve a candidate to test for NCLEX-RN exam Vermont State Board require that applicant's Nursing Education has prescribed theory and clinical hours in each specified subjects.

**Minimum 20 hours of theory and 30 hours of clinical practice in subjects of:**

- **CARE OF ADULT MEDICAL & SURGICAL NURSING,**
- **MATERNAL/INFANT NURSING,**
- **PSYCHIATRIC/MENTAL HEALTH NURSING (MIDWIFERY)**
- **PEDIATRIC NURSING/CARE OF SICK CHILD.**

**MINIMUM 20 HOURS OF THEORY IN SUBJECTS OF:**

- **ANATOMY AND PHYSIOLOGY,**
- **MICROBIOLOGY**
- **PSYCHOLOGY.**

- (B) The Nursing School in the relevant **right hand side column on Page 7** for each subject must specify Course Title/Number as mentioned in Transcript or Related Learning experience (RLE).

- (C) In cases (other than India) where Clinical Hours of Practice are not specified on Transcripts the applicants need to have **Related Learning Experience (RLE)** for each specified subject sent directly to VT Board from concerned Nursing School/College.
- (D) VOE and Copy of Transcript must be signed by Nursing School/College with its official seal affixed thereon and must be submitted in a sealed cover of Nursing School/College either with application or may be sent directly to Vermont from Nursing School/College.

(E) **About Filling VT Application (Page 1-4)**

**Page.1:**

**Photo Column:** Paste 2 x 2 Passport size Photo

**Application for Licensure:** Please tick (✓) Registered Nurse.

**Box.1:** Fill in last/first name, Middle Initial (MI), Former/Maiden Name, Mailing Address, Telephone, Email, in appropriate column. Mention Date of Birth in MM/DD/YYYY format.

**Box.2:** Agency's Demographics----- Leave it blank

**Box.3:** Fill in Nursing School/College Name, Address, Email, Phone, in appropriate Column.  
Fill in Degree earned, Date of completing Graduation in MM/DD/YYYY format in appropriate column.

**Page.2:**

**Box.1:** Check how many hours you have worked in last five years or last 2 years, and fill in details for Place, City, State, Country and Dates of Employment.

**Please note** that if applicant has graduated from a Nursing Program within the last 5 years and has not worked **then he/she is disqualified to get approved to test for NCLEX-RN exam.**

**Box.2:** Fill in details of your License in Native Country. If the applicant does not hold a License in native country, he/she is not eligible to apply for Licensure exam.

**Box.3:** Encircle all "No" options.

### **Page.3**

**Box.1:** Encircle all "No" options.

### **Answers to Legal Questions:**

**For Child Support:** (√) first option & leave other options blank.

**For Taxes:** (√) first option & leave other options blank.

**For Unemployment Compensation:** (√) first option & leave other options blank.

**For District Court Fines/Judicial Bureau:** (√) first option & leave other options blank.

### **Page.4**

**Box.1:** Encircle "No" if testing for the first time. In case applicant has tested earlier thru any other State Board please encircle "Yes" and submit details of previous attempt.

**Box.2:** If applicant does not have Social Security Number then leave the column blank.

**Box.3:** Fill in Passport No and Country of Issue.

**Box.4:** Sign the Statement and fill in date in MM/DD/YYYYY.

### **Important Note:**

Applications submitted to Vermont to take the NCLEX exam is a **legal** document. Questions on pages 3 and 4 of the application need to be answered by the **individual** nurse.