

PHOTOGRAPH
NOT TO EXCEED
2½" x 2½"
PASSPORT TYPE

ATTACH PHOTOGRAPH HERE
SIGNED AND DATED ON THE
FRONT BY APPLICANT
USING LEGAL SIGNATURE

Date taken must be no more than six
months prior to application date

Tennessee Board of Nursing
227 French Landing, suite 300
Heritage Place, Metro Center
Nashville, TN 37243

1703 001 - \$105.00
1703 006 - \$ 10.00
\$115.00



Application for Licensure as a Registered Professional Nurse by Endorsement

HAVE YOU EVER BEEN LICENSED AS A REGISTERED NURSE IN TENNESSEE? YES NO
IF YES, CONTACT THIS OFFICE. DO NOT COMPLETE THIS FORM.

ALL FEES ARE NON REFUNDABLE

TO BE COMPLETED IN INK BY APPLICANT **Print or Type** Please refer to instruction sheet when completing the application.
ALL QUESTIONS MUST BE COMPLETED. **Use legal full name**

1. Name _____
LAST FIRST MIDDLE MAIDEN

2. List any other names by which you have been known _____
LAST FIRST MIDDLE

3. Social Security Number _____ Telephone Number _____
HOME OFFICE
Your social security number may be used to verify your identity and for any other purpose allowed by state or federal law.

4. Place of Birth _____ Date of Birth _____ Gender: Female Male
City State

5. Ethnic Group: White Black Native American Indian Asian Hispanic Other, Specify _____

6. Mailing Address: _____
(Street/PO Box/Route) (City/State/Zip)
Street Address: _____
(required if Mailing Address is a PO Box) Street (City/State/Zip)

7. PRIMARY STATE OF RESIDENCE

I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes and is my domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return. If you indicated another compact state as your primary state of residence, but will be moving to Tennessee and declaring Tennessee as your primary state of residence please indicate: YES and expected date of move _____.

8. General Education:

High School Graduate Yes No Date of Diploma _____
G.E.D. Equivalency Yes No Date Test Administered _____

9. Nursing Education:

9.1 _____ 9.2 Degree Associate Diploma
Name of College/University/School of Nursing Baccalaureate Master
Location _____
CITY STATE
Length of Program _____ Date of Enrollment _____ Completion Date _____

10. Original Registered Nurse Licensure

10.1 In what state were you originally licensed as a Registered Nurse?
State _____ Date _____ License No. _____

10.2 How were you licensed in the original state of licensure? Examination Endorsement Waiver

10.3 Indicate all states where you have been licensed _____

11. Have you taken a national licensing examination? Yes No If **yes**, please indicate State _____ Date _____
Month/Day/Year
 Some states offered either a state constructed examination for licensure or the national licensing examination. The national licensing examination was previously known as the State Board Test Pool Examination (S.B.T.P.E.) and is currently known as the National Council Licensure Examination (NCLEX-RN).

12. Have you ever been licensed in any other health care profession? YES NO If **yes**, please identify profession and state _____

13. **Disciplinary Action**

13.1 Have you ever been denied a nursing license or had any other professional license, certificate or privilege or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction? YES NO

13.2 If **yes**, please identify the state where the action was originally taken and provide a certified copy of the documentation that cleared the action. STATE _____ YEAR _____

14. Are you currently in good physical and mental health? (Include any physical or mental limitations) Yes No If **no**, please explain: _____

15. **Conviction of a Crime**

15.1 Have you ever been convicted of or pled guilty to a misdemeanor or felony other than a minor traffic violation? Yes No
 If **yes**, please submit a certified copy of the warrant and judgment or conviction papers and evidence of completion of fines, restitution, probation, and a self letter that describes circumstances that resulted in arrest and conviction.

15.2 If **yes**, specify date and type of conviction.
 Date _____ Type of Conviction _____
Month/Day/Year

16. **List employment as a registered nurse during the last five years. THIS QUESTION MUST BE ANSWERED COMPLETELY.**

	Employer/ Agency	Mailing Address (City and State)	RN Position Held	Employment Dates (Month/Year) Beginning/Ending
16.1	_____	_____	_____	_____
16.2	_____	_____	_____	_____
16.3	_____	_____	_____	_____
16.4	_____	_____	_____	_____
16.5	_____	_____	_____	_____

17. What is your anticipated nursing position in Tennessee? _____ POSITION
 Name and complete mailing address of prospective employer (if known) _____

18. What is your activity (work) status in the nursing profession?
 (Working in this profession also includes teaching, administration and research). Check only one.

<input type="checkbox"/> = Working full time in Nursing (1)	<input type="checkbox"/> = Not worked in Nursing for at least 2 years but less than 5 years (4)
<input type="checkbox"/> = Working part time in Nursing (2)	<input type="checkbox"/> = Not worked in Nursing for 5 years or more (5)
<input type="checkbox"/> = Not worked in Nursing for less than 2 years (3)	<input type="checkbox"/> = Official Use Only (6)

19. Please indicate your major practice area in nursing: **Check Only One**

<input type="checkbox"/> = Community/Public Health (1)	<input type="checkbox"/> = Emergency Service (9)
<input type="checkbox"/> = General Practice (2)	<input type="checkbox"/> = Case Management (11)

- = Geriatric (3)
- = Obstetric/Gynecologic (4)
- = Medical/Surgical (5)
- = Pediatric (6)
- = Psychiatric/Mental Health (7)
- = Critical/Intensive Care (8)
- = Primary Care (12)
- = Education (13)
- = Administrative/Management (14)
- = Perioperative (15)
- = Other, Please Specify (10)

20. Please indicate your principal setting of Employment: **Check Only One**

- = Hospital/Medical Center (1)
- = Ambulatory/Outpatient Clinic, FreeStanding Surgery Center (2)
- = Office (Physician or Dentist) (3)
- = Nursing Home (4)
- = Home Health (5)
- = Private Duty (6)
- = Insurance (7)
- = Industrial/Occupational (8)
- = Community/Public Health (9)
- = Hospice (13)
- = School Nurse (11)
- = School of Nursing/College/ University (12)
- = Assisted Living/Home for the Aged (15)
- = Other, Please specify (10)

21. Please indicate your current type of nursing position **Check Only One**

- = Administrator (1)
- = Consultant (2)
- = Supervisor or Assistant (3)
- = Instructor or Educator (4)
- = Head Nurse or Assistant (5)
- = Staff or General Duty (6)
- = Nurse Anesthetist (17)
- = Nurse Anesthetist (Certified) (9)
- = Nurse Practitioner (7)
- = Nurse Practitioner (Certificate of Fitness to prescribe) (12)
- = Clinical Specialist (8)
- = Clinical Specialist (Certificate of Fitness to prescribe) (13)
- = Nurse Midwife (Certified) (10)
- = Nurse Midwife (Certificate of Fitness to prescribe) (14)
- = Quality Assurance (15)
- = Case Manager (16)
- = Other, please specify (11)

22. Please indicate your highest degree in nursing: **Check Only One**

- = Diploma (1)
- = Associate degree in Nursing (2)
- = Bachelor's in Nursing (3)
- = Master's in Nursing (4)
- = Doctorate in Nursing (5)

23. Please indicate your highest degree in another field, if applicable: **Check Only One**

- = No Other Degree Held (6)
- = Associate (7)
- = Bachelor's (8)
- = Master's (9)
- = Doctorate (10)

AFFIDAVIT

State of _____

County of _____

_____ personally appearing before me, being duly sworn says that _____

NAME OF APPLICANT

he/she

is the person referred to in the foregoing application for a license to practice as a Registered Nurse in the State of Tennessee that the statements therein contained are true and that _____ has read and understands this affidavit. **I understand**

he/she

that if the processing of this application is not completed, the application becomes null and void one year from date received. I also understand that falsification of an application is grounds for denial of licensure or discipline against a license.

Legal Signature of Applicant _____

Sworn to before me this _____ day of _____, 20 _____

Notary Public _____

Seal

Commission Expires _____

FOR OFFICE USE ONLY

NAME _____

PERMIT NO. _____ DATE ISSUED _____ DATE EXPIRED _____

LICENSE NO. _____ DATE ISSUED _____



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE, METRO CENTER
NASHVILLE, TN 37243

TENNESSEE BOARD OF NURSING
615-532-5166 or 1-800-778-4123

REGISTERED NURSE
INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT

Please allow 4 to 6 weeks to process your application. If additional information is required you will be notified by mail. It is not necessary to call the board to check on the status of your application; Go to: tennessee.gov/health, click on Health Care Professionals and then click on verification.

Licensure by endorsement in Tennessee is granted on an individual basis. With the exception of a person licensed during the initial waiver period in another U.S. jurisdiction (state), an applicant must be a graduate of an approved school of registered nursing and licensed by written examination.

- o An applicant shall have general education equivalent to that required for Tennessee candidates for licensure by examination at the time the applicant was accepted for licensure in another jurisdiction. An applicant shall have graduated from an approved school of registered nursing.
- o An applicant shall have substantially the same course of study as set by the Board for Tennessee schools of registered nursing at the time the applicant was accepted for licensure by examination in another jurisdiction.
- o The Tennessee Board of Nursing accepts the State Board Test Pool Examination (SBTPE) or The National Council Licensure Examination (NCLEX-PN) provided scores are equal to or higher than the lowest passing scores required by this Board.

APPLICANTS RESIDING IN A COMPACT STATE

Please read all instructions and determine your Primary State of Residence before completing this applications. If your primary state of residence is a compact state and you hold a valid multi state license you may practice in Tennessee on the multi state privilege to practice. If you change your primary state of residence to Tennessee you may practice in Tennessee for up to 30 days.

DEFINITION: "PRIMARY STATE OF RESIDENCE" means the state of a person's declared fixed permanent and principle home for legal purposes; domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return. It is recommended that you begin the application process before moving to Tennessee.

FOR A CURRENT LIST OF STATES IN THE COMPACT, CHECK THE FOLLOWING WEB SITE: www.ncsbn.org and follow the link to the Nurse Licensure Compact Map.

To apply for licensure, you must submit the following:

1. **APPLICATION**
Complete all sections. (Use your full legal name)
2. **LICENSURE FEE. \$115.00**
Attach the correct fee in U.S. currency. **Personal Check or money order must be made payable to the Tennessee Board of Nursing.**

***FEES SUBMITTED TO THE BOARD ARE NOT REFUNDABLE**

3. **PHOTO**
Affix one (1) professional passport type (2½" x 2½") photograph.
 - a) Vending machine, snapshot or ID photographs are not acceptable.
 - b) Straight on pose including head and shoulders.
 - c) Legal signature and date on front of photograph - signature must not conceal face.
 - d) Date the photograph was taken must be no more than six months prior to date of application.

4. **AFFIDAVIT**

Sign Affidavit at the bottom of page 3 in the presence of a Notary Public. (Use your full legal name)

5. **EDUCATION**

Attach a copy of your nursing diploma or nursing transcript (copies of internet transcripts are not accepted).

6. **VERIFICATION FORM**

If you were originally licensed in one of the states listed on the NURSYS Website (<http://www.nursys.com>) use the Website for license verification.

If you were originally licensed in one of the states not listed on NURSYS Website, mail the document entitled **REQUEST FOR VERIFICATION OF LICENSE TO THE LICENSING AGENCY IN THE STATE WHERE YOU WERE ORIGINALLY LICENSED**. Please supply your full name (as licensed), current address and original license number so that your records can be readily located. The licensing agency will complete the form and return it directly to this office. Some states charge a fee for this service. Go to www.ncsbn.org and click on boards of nursing contact information for board address, telephone number and web sites. **A permit can not be issued until the verification has been received. In most cases a permit will not result in authorization to practice sooner than without one.**

7. **TEMPORARY PERMIT:**

If you have a current active license, you may request a temporary permit application by calling the board office. This permit allows you to practice nursing while the endorsement process is being completed. **The permit is valid for six (6) months and non renewable. A temporary permit can not be issued until the results of the criminal background check and verification from original state of license has been received. Therefore in most cases, a permit will not result in authorization to practice sooner than without one.**

8. **CRIMINAL BACKGROUND CHECK**

Complete a criminal background check through either L1 Identity Solutions electronic fingerprinting or a Tennessee Bureau of Investigation (TBI) fingerprint card. For applicants who live in or will be visiting Tennessee prior to licensure, use the L1 Identity Solutions instructions. It takes 8-10 business days to receive the results at the Board. If you use the TBI fingerprint card, it takes 4-6 weeks to receive the results at the Board. **NO permit or license will be issued until the results of the criminal background check and verification from original state of license has been received.**

* **COMPETENCY REQUIREMENTS/REFRESHER COURSE**

If you have not worked in nursing for five (5) or more years you will be sent additional instructions.

APPLICATION COMPLETION REMINDER:

		YES	NO
1.	Completed application form	<input type="checkbox"/>	<input type="checkbox"/>
2.	License and Regulatory Fee (\$115.00)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Photograph- signed and dated on the front with full legal name signature	<input type="checkbox"/>	<input type="checkbox"/>
4.	Notarize Application- page 3 must be signed using full legal name in presence of a Notary Public	<input type="checkbox"/>	<input type="checkbox"/>
5.	Verification form sent to state of original licensure or NURSYS verification	<input type="checkbox"/>	<input type="checkbox"/>
6.	Copy of your nursing diploma or nursing transcript (copy of internet transcript is not accepted) Foreign Internationally educated nurses should also include either: a) Copy of Certificate from Commission on Graduates of Foreign Nursing School (CGFNS) or b) School transcript	<input type="checkbox"/>	<input type="checkbox"/>
7.	For a temporary permit, contact the board office to request a Permit Application	<input type="checkbox"/>	<input type="checkbox"/>
8.	Criminal Background Check (see instructions included in endorsement packet) Requested court records (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

If you change your address, it is your responsibility to notify this office.

If you change your name, you must submit a copy of the legal document that changed your name. Fax to (615) 741-7899.

Please contact the Board if you have not received a license within four (4) months from the date of application.

IT IS UNPROFESSIONAL CONDUCT TO PRACTICE NURSING IN THE STATE OF TENNESSEE WITHOUT A VALID ACTIVE REGISTEREDNURSE LICENSE OR A MULTI-STATE LICENSE FROM ANOTHER COMPACT STATE.



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37243
tennessee.gov/health**

NURSYS VERIFICATION INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys®. If you need verification of a license for a foreign country, please contact the TN Board of Nursing 615-532-5166.

If you do not need verification of a license from one of the states listed below use the form provided with the endorsement or on line packet.

2. If your original state of licensure was from one of the states listed below, go to <https://www.nursys.com> and follow the instructions there.

Alaska (AK)	Kentucky (KY)	New Hampshire (NH)	Tennessee (TN)
American Samoa (AS)	Louisiana (LA)-RN	New Jersey (NJ)	Texas (TX)
Arizona (AZ)	Maine (ME)	New Mexico (NM)	Utah (UT)
Arkansas (AR)	Maryland (MD)	New York (NY)	Vermont (VT)
Colorado (CO)	Massachusetts (MA)	North Carolina (NC)	Virginia (VA)
Delaware (DE)	Michigan (MI)	North Dakota (ND)	Virgin Islands (VI)
District of Columbia (DC)	Minnesota (MN)	N. Mariana Islands (MP)	Washington (WA)
Florida (FL)	Mississippi (MS)	Ohio (OH)	West Virginia(WV) PN
Guam (GU)	Missouri (MO)	Oregon (OR)	Wisconsin (WI)
Idaho (ID)	Montana (MT)	Rhode Island (RI)	Wyoming (WY)
Indiana (IN)	Nebraska (NE)	South Carolina (SC)	
Iowa (IA)	Nevada (NV)	South Dakota (SD)	

3. The fee for on-line verification through Nursys is \$30. It is processed on-line through Nursys.
4. When the Tennessee Board of Nursing receives your Endorsement Application, the board will access Nursys to verify your original licensure in one of the states listed in number 2 above.
5. Nursys information is updated from the files of participating states. A nurse who recently received a license may have to wait until the next update before the information is available in Nursys.
6. If you have questions regarding the Nursys verification process, please contact the Nursys License Verification Department at (312) 525-3780 or toll free (866) 819-1700.
7. **ONLY** if your initial licensure was in a state **not listed in number 2 above**, use the form and verification instructions included with the on-line or paper endorsement packet. This form is sent to the **state of initial licensure**. Contact the initial state of licensure for information of their fees for verification. Fees need to be sent with the verification form.



**Tennessee Department of Health
Health Related Boards
Tennessee Board of Nursing
227 French Landing, suite 300
Heritage Place, Metro Center
Nashville, TN 37243**

REQUEST FOR VERIFICATION OF LICENSE

APPLICANT: Complete the top part of this page and forward it to the state in which you were ORIGINALLY licensed.

NAME: _____
(last) (first) (middle) (maiden)

NAME WHEN ORIGINALLY LICENSED: _____
(last) (first) (middle) (maiden)

ADDRESS: _____
(street) (city) (state) (zip)

NURSING EDUCATION PROGRAM COMPLETED: _____

ORIGINAL LICENSE NUMBER: _____ R.N. L.P.N. DATE ISSUED: _____

SOCIAL SECURITY NO.: _____

I hereby authorize the _____ Board of Nursing to furnish to the Tennessee Board of Nursing the information requested below.
(state to which sending form)

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE-FOR LICENSING AGENCY ONLY

This is to certify that the above named was issued license number _____ to practice as a:

Registered Nurse Licensed Practical Nurse on _____

Licensed by: Examination Endorsement Waiver Expiration date: _____

Current licensure status: Active Inactive Not Current

Has this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited, placed on probation)?

Yes No If yes, please explain on reverse side.

STATE BOARD TEST POOL EXAMINATION

	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	NCLEX RN	NCLEX LPN
Standard Scores Series/Form	_____	_____	_____	_____	_____	_____	_____

Nursing education program completed: _____
(name)

Location: _____ Year of graduation _____
(city) (state)

Was nursing education program approved by Board of Nursing at time of graduation? Yes No

SIGNED _____ STATE _____

TITLE _____ SEAL DATE _____

JH/G5022133/BN



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37243
tennessee.gov/health

INSTRUCTIONS FOR APPLICANTS FINGERPRINTING IN TENNESSEE

Applicants who **do not** live in Tennessee and **not visiting** Tennessee prior to licensure may call the Board at 615-532-5166 and request a fingerprint card and the instructions for processing.

1. Effective June 1, 2006 applicants for initial licensure in Tennessee (not renewal or reinstatement) must obtain a criminal background check. Electronic fingerprinting must be done through the State of Tennessee selected vendor, L1 Identity Solutions at an approved site in Tennessee.
2. There are (2) ways that applicants may register for the fingerprinting process:
 - a) Call toll-free at (855) 226-2937;
 - b) Register online at www.L1enrollment.com and click on the map of Tennessee. To begin registration, click Online Scheduling. Applicant may register, schedule, and make payment at this web site.

Regardless of how an applicant registers, the following information must be provided and/or verified:

Agency Name	Department of Health Licensure and Regulation
Applicant Type	Bureau of Health Licensure
OCA#	RN enter (1703) LPN enter (1704)
Payment Type	Applicant Credit Card/Applicant Money Order/or Cashier's Check
ORI#	TN 920390Z

Online registration is preferred for ALL applicants to insure the quality of the data collected. Online registration is faster and may be completed 24 hours a day, 7 days a week.

Payment for electronic fingerprinting is \$42.00.

A money order or cashier's check made out to L1 Identity Solutions is accepted at the fingerprinting sites. **CASH and PERSONAL CHECKS** are **NOT** accepted.

3. Applicants must schedule an appointment to be fingerprinted at an L1 Identity Solutions site in Tennessee at the time of registration. Before registration is complete, applicants will be asked to check and confirm if information is correct and will need to print a copy of the registration completion page to take to the fingerprinting site.
4. The enrollment officer at the site will check your valid state or federal government issued photo identification, verify your information, verify or collect payment, capture your fingerprints, and submit your data to the Tennessee Bureau of Investigation (TBI).

* If you are unable to keep your appointment or miss your appointment, you **MUST** contact L-1 Enrollment Services; you may have to reregister and repay.

Electronic Fingerprints are normally received by the Tennessee Health Related Boards within 8-10 business days.



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE, METRO CENTER
NASHVILLE, TN 37243

TENNESSEE BOARD OF NURSING
615-532-5166 or 1-800-778-4123

FINGERPRINT CARD INSTRUCTIONS

All applicants applying for **initial licensure** in Tennessee (not renewal or reinstatement) must obtain a criminal background check through the Tennessee Bureau of Investigation. Current processing time is 4-6 weeks, which starts when received at TBI Headquarters. Prints rejected due to poor quality could extend processing time. Please call and request a fingerprint card. You only complete either a fingerprint card or L1 Identity Solutions fingerprinting.

1. Fill out the fingerprint card legibly. Boxes requesting **date of birth, place of birth, sex, race, height, weight, eyes and hair** must to be completed and the fingerprint card **must** have your legal signature.
2. In the box asking for the employer and address, write in the name and address of your licensing board
**TN Board of Nursing
227 French Landing, Suite 300
Heritage Place, Metro Center
Nashville, TN 37243**
3. In the box asking for the reason fingerprinted, write in:
BH-DEPARTMENT OF HEALTH TCA 63-1-116
4. In the box asking for your OCA number, write in the applicable profession
**Registered Nurse enter (1703)
Licensed Practical Nurse enter (1704)**
5. In the box asking for the ORI number write in
**TN 920390Z
BUR HLTH/LIC-REG/VCA
NASHVILLE, TN**
6. Enclose a non-refundable **Money Order or Cashiers Check** for \$60.00 and make payable to the **Tennessee Bureau of Investigation.**
***Personal Checks and Cash are not accepted**
7. Have your **prints completed at a local police or sheriff office.** Prints must be rolled nail to nail by a qualified technician.
8. Mail the completed fingerprint card and your non-refundable payment after completion to:
**TBI-Records & Identification Unit
Applicant Processing
901 R.S.Gass Boulevard
Nashville, TN 37216-2639**

In all cases where an applicant's fingerprint cards (s) are rejected 2 or more times, the applicant shall be required to come to the State of Tennessee and submit a TBI/FBI fingerprint scan through the State of Tennessee's approved vendor, L1 Identity Solutions.

PLEASE DO NOT BEND OR FOLD THE FINGERPRINT CARD

7/26/2011