Alabama Board of Nursing Endorsement Single State (SSL) or Multistate (MSL) Application

Instructions: Please submit all documents with the Application

Requirements	You must submit a complete application. For information about what is required on the application, see the Licensure by Endorsement FAQs.
☐APPLICATION FEE(S): Personal Check must have applicant name imprinted, drawn on instate bank), cashier check or money order: Payable to the Alabama Board of Nursing	• **Single State (SSL): $125** • **MSL: $225** ***Select the correct licensing you are applying for on your application and submit the correct fee.**
☐SOCIAL SECURITY NUMBER (SSN)	You must have a valid Social Security Number. You will not be able to complete the application without submitting your SSN.
☐CITIZENSHIP/LEGAL PRESENCE: *You must be a citizen or legal US resident*	For information on meeting this requirement, please refer to the Citizenship/Legal Presence FAQs (below). You must complete and submit the appropriate form and supporting documentation to the Board. US Citizen: Citizenship_Endorsement_Checklist.pdf Legal Presence US NonCitizen_Endorsement_Checklist.pdf
☐NURSING EDUCATION	You must have graduated from a nursing program (RN or PN) which *substantially meets the same educational criteria* as Alabama nursing programs. Foreign Graduates review requirement: Graduates of Foreign Nursing Schools – Alabama Board of Nursing
☐NURSING PROGRAM TRANSCRIPT	The Board accepts transcripts through eScrip-Safe, Parchment, National Student Clearinghouse, and Credential Solutions. Transcripts from these agencies can be sent to transcripts@abn.alabama.gov. Foreign Graduates must submit: Credential Evaluation Service (CES) complete education report. The Board accepts CES reports from the following organizations: -TruMerit (Commission on Graduates of Foreign Nursing Schools (CGFNS)) www.trumerit.org -Educational Records Evaluation Service, Inc. (ERES) www.eres.com, or the -Josef Silny & Associates, Inc, International Education Consultants www.jsilny.org.
☐CONTINUING EDUCATION (CE)	You must submit documentation of having earned twenty-four (24) contact hours of CE within the past twenty-four (24) months.
☐VERIFICATION: *You must request a verification of licensure from your original state of licensure to be sent to the ABN.*	• Nursys®: Many (but not all) State Boards of Nursing verify licensure through Nursys®. Please visit Nursys® first, to determine whether your original state of licensure participates in this verification service. If so, follow the Nursys® instructions for requesting verification. • Request for Verification of Nursing License for Endorsement into Alabama: This form should only be used to request verification if the state of original licensure does not participate in Nursys®.
☐FINGERPRINTING:	**You must have an application on file with the Board of Nursing prior to submitting for fingerprinting. If you submit fingerprints prior to completing the application, no refund will be issued.** Fingerprint instructions: Fingerprinting – Alabama Board of Nursing

Please do not submit any supporting documentation (verification, transcript, CE, or citizenship) prior to completing the application and fee payment.

FAQs – Alabama Board of Nursing

ALABAMA BOARD OF NURSING
Natalie Baker, DNP, ANP-BC, GNP-BC, CNE, FAANP, FAAN
Executive Officer
RSA Plaza, Suite 250, 770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
Fax: (334) 293-5201

Mailing Address:
P.O. Box 303900
Montgomery, AL 36130

APPLICATION FOR LPN/RN LICENSURE FOR ENDORSEMENT

I understand that no one else may complete this application on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this application and the documents submitted with this application are true and correct. I understand that submission of any false statement or document is grounds for denial, discipline, or revocation of my Alabama license.

I am applying for:

LPN Single State License by Endorsement ☐

RN Single State License by Endorsement ☐

LPN Multistate License by Endorsement ☐

RN Mulitstate License by Endorsement ☐

Do you currently hold a multistate license in any state? Yes ☐ **No** ☐

If you are applying for a multistate license, complete the following questions. Single state license applicants may skip to the Date of Application.

If you answer yes to any of the following questions, you are not eligible for a multistate license. You may still be eligible for a single state license.		
Yes	No	
☐	☐	Do you have a felony conviction?
☐	☐	Are you currently a participant in any alternative program? (a non-disciplinary monitoring program approved by a licensing board)
☐	☐	Are any of your nursing licenses, in any jurisdiction, currently under discipline including revocation, suspension, probation, voluntary surrender, limitation, or other encumbrance?
If you answer yes to any of the following questions, further evaluation will be necessary to determine if you are eligible for a multistate license. If you are deemed ineligible for a multistate license, you may still be eligible for a single state license.		

☐	☐	Have you been found guilty, or entered into an agreed disposition, of a felony offense?
☐	☐	Have you been convicted or found guilty, or entered into an agreed disposition, of a misdemeanor offense (other than a minor traffic violation)?

Date of Application

Name First Middle Last

Maiden Name **Other Names Used**

Social Security Number **Date of Birth**

Gender Male ☐ Female ☐

Physical Address

Mailing Address

Mailing Address Same as physical address ☐

Phone Number **Alternate Phone Number**

Email address

I am ☐ am not ☐ a citizen of the United States.

Is Alabama your primary state of residency? Yes ☐ No ☐

Have you graduated from an approved nursing program in Alabama, or an approved nursing program at an accredited institution located in another jurisdiction or territory that substantially meet the same educational criteria as Alabama programs? Yes ☐ No ☐

Have you ever passed NCLEX or state boards? Yes ☐ No ☐

Were you educated in the US? Yes ☐ No ☐

Program Country **Degree** **Graduation Date**

Original State of Licensure **License Number**

Regulatory Questions

Yes	No	
☐	☐	1. Excluding minor traffic violations*, have you (check all that apply): *Any crime related to driving while impaired or while under the influence of any substance is not a "minor traffic violation")
☐	☐	a. Been convicted of any crime in any state, municipality, territory, or country?
☐	☐	b. Entered a plea of guilty to any crime in any state, municipality, territory, or country?
☐	☐	c. Entered a plea of nolo contendere or no contest for any crime in any state, municipality, territory, or country?
☐	☐	d. Received deferred prosecution or adjudication for any crime in any state, municipality, territory, or country?
☐	☐	e. Had judgement withheld for any crime in any state, municipality, territory, or country?
☐	☐	f. Received pretrial diversion for any crime in any state, municipality, territory, or country?
☐	☐	g. Received any other alternative sentencing, supervision, or diversion program for any crime in any state, municipality, territory, or country?
☐	☐	h. Stipulated to a prima facie case against you for any crime in any state, municipality, territory, or country?
☐	☐	i. Pleaded not guilty by reason of insanity or mental defect to any crime in any state, municipality, territory or country?
☐	☐	2. Has the licensing authority of any state, territory, or country denied, revoked, suspended, reprimanded, fined, accepted your surrender of, restricted, limited, placed on probation, or in any other way disciplined your nursing and/or any other occupational license, registration, certification, or approval?
☐	☐	3. Is the Board of Nursing or other licensing authority of any state, territory, or country currently investigating you?
☐	☐	4. Is disciplinary action pending against you with the Board of Nursing or other licensing authority of any state, territory, or country?
☐	☐	5. Are you currently a participant in any alternative program (a non-disciplinary monitoring program approved by a licensing board)?
☐	☐	6. Are you now, or have your ever been, placed on a state and/or federal abuse registry or placed on the Office of Inspector General exclusion list?
☐	☐	7. Has any brand of the armed services ever administratively discharge you with any characterization of service other and "Honorable" and/or court martialed you?

☐	☐	8. The ABN recognizes that nurses and other healthcare professionals encounter health conditions, including those involving career fatigue, burnout, mental health, physical health, and substance use disorders. The ABN strongly supports applicants and nurses' efforts to address their health concerns and ensure patient safety through voluntarily seeking care and self-limiting their practice during times when their conditions may render them unable to safely practice nursing with reasonable skill and safety to patients. The failure to adequately address such a condition, where the applicant or nurse is unable to safely practice nursing with reasonable skill and safety to patients may result in the ABN taking action against the applicant or nurse to ensure patient health and safety. Applicants or nurses who are unable to safely practice nursing with reasonable skill and safety to patients may also be eligible to participate in the ABN's non-public Voluntary Disciplinary Alternative Program. By checking the "no" box, I attest that I have no physical, mental, or substance use disorder condition which currently impairs my ability to safely practice nursing with reasonable skill and safety to patients, with or without reasonable accommodation. If you are not able to make this attestation, please check the "yes" box and a representative of the Voluntary Disciplinary Alternative Program will reach out to you at your contact information in file with the ABN. *Please note that VDAP is not available to MACs or NSTs.

By my signature below:

I affirm that the information recorded on this application concerning any item contained herein is true and correct. I understand that I may be required to submit documentation to support my affirmation. I further understand that any false statement is in violation of the Code of Alabama and the Board of Nursing Administrative Code and constitutes grounds for discipline. Your signature is required to complete this application.

I understand that my fingerprint based criminal history report will be submitted through FieldPrint, that my fingerprints will be utilized to conduct a federal and state criminal background check in compliance with Act 2019-102 of the Acts of Alabama, and the results will be considered in determining suitability for licensure.

I have reviewed the Privacy Act Statement.

I have reviewed the agency privacy requirements for noncriminal justice applicants.

I understand that applicants with a criminal history record may challenge or appeal any portion of the own Criminal History Record Information (CHRI) that they believe to be incomplete or inaccurate by contacting Records and Identification Division within Alabama Law Enforcement Agency (ALEA), pursuant to 28 CFR 16 34. Applicants shall have a

reasonable amount of time, but not more than thirty (30) days to submit the challenge or appeal.

Signature Date