Alabama Board of Nursing Multistate Application Licensure by Examination Application

Instructions: Please submit all documents with the Application

REQUIREMENT	INFORMATION
Mailing Address: Alabama Board of Nursing, ATTN: Licensing PO Box 303900, Montgomery, AL 36130	**You must submit a complete application which includes the PSOR form and Citizenship Checklist and documentation below as well as completion of the fingerprinting process. For information about what is required on the application, see the Licensure by Exam FAQs.**
☐APPLICATION FEE: personal check (name of applicant imprinted on the check, drawn on in state bank), business, cashier check or money order	• Application: **$225** Payable to the Alabama Board of Nursing
☐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. You must complete and submit the appropriate form supporting documentation to the Board.
☐PRIMARY STATE OF RESIDENCE (PSOR):	Declare Alabama as your primary state of residency and provide documentation of your residency in Alabama (ABN Administrative Code 610-X-4) and complete the appropriate Declaration of Primary (Home) State of Residence form (see button at left) and support documentation. If your primary state of residence is not Alabama, you cannot apply for a multistate license in Alabama.
☐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
☐NURSING PROGRAM TRANSCRIPT	You must request your nursing program to submit an official transcript to the ABN in a sealed envelope. Faxed transcripts are not accepted. **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 Nursing Graduates**- You must submit a complete education report from a Credential Evaluation Service (CES), prior to applying for Licensure by Exam. The Board accepts the complete education report from the following organizations: TruMerit (formerly the 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. More Information on requirements Graduates of Foreign Nursing Schools – Exam – Alabama Board of Nursing
☐REGISTER WITH PEARSON VUE	Although Pearson Vue will allow registration for the NCLEX® without your submitting a middle name or Social Security Number (SSN), ABN requires you to submit this information to Pearson Vue to ensure accurate processing (see button at right). The name on the ID you will use for testing must match your ABN and Pearson Vue registration.

Applicants for licensure by Examination must have graduated before completing this application. FAQs – Alabama Board of Nursing

ALABAMA BOARD OF NURSING
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APPLICATION FOR LPN/RN MULTISTATE LICENSURE BY EXAMINATION

Complete this form, include all fees and documents as instructed. Mail to the Alabama Board of Nursing. At the same time register for the NCLEX exam, following the instructions in the "NCLEX Candidate Bulletin". The Board will not send confirmation of receipt

I am applying for:

LPN Multistate License by Examination ☐

RN Multistate License by Examination ☐

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

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 program?
Yes ☐ No ☐

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

Were you educated in the US? Yes ☐ **No** ☐

Program State **Program** **Degree** **Graduation Date**

Have you ever taken the NCLEX exam for this license type before? Yes ☐ **No** ☐

Name used on last application to test

List all dates and states where you have test for licensure by examination for this type of license *(use a separate sheet if necessary)*

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

Eligibility Questions

(For any yes answers, please provide an explanation and include court records.)

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)?

Multistate License Regulatory Questions (for Multistate applicants only)

(For any yes answers, please provide an explanation and include court records.)

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