Alabama Board of Nursing Single State Application Licensure by Examination

Instructions: Please submit all documents with the Application

REQUIREMENTS	INFORMATION
☐**Completed Application Mailing Address**	**Please return this application and all supporting documents to** **Alabama Board of Nursing** **ATTN: Licensing** **PO Box 303900, Montgomery, AL 36130**
☐APPLICATION FEE: personal check (imprinted with applicant name, drawn on in state bank) business check, cashier check or money order Payable to the Alabama Board of Nursing	• Application: **$125**
☐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. US Citizen- Citizenship_exam_checklist.pdf Legal presence in the US NonCitizen_Exam_Checklist.pdf
☐NURSING PROGRAM GRADUATION	You must have graduated from a nursing program (RN or PN) which substantially meets the same educational criteria as Alabama nursing programs. Application for LPN equivalency must take the LPN Scope of Practice Course. **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
☐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.**
☐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
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 SINGLE STATE LPN/RN 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 Single State License by Examination ☐

RN Single State 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 programs?
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** ☐

Regulatory Questions

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

YES	NO	STANDARD
		1. Excluding minor traffic violations*, have you ever: (check all that apply)
☐	☐	Been convicted of any crime in any state, municipality, territory, or country?
☐	☐	Entered a plea of guilty to any crime in any state, municipality, territory, or country?
☐	☐	Entered a plea of nolo contendere or no contest for any crime in any state, municipality, territory, or country?
☐	☐	Received deferred prosecution or adjudication for any crime in any state, municipality, territory, or country?
☐	☐	Had judgment withheld for any crime in any state, municipality, territory, or country?
☐	☐	Received pretrial diversion for any crime in any state, municipality, territory, or country?
☐	☐	Received any other alternative sentencing, supervision, or diversion program for any crime in any state, municipality, territory, or country?
☐	☐	Stipulated to a prima facie case against you for any crime in any state, municipality, territory, or country?
☐	☐	Pleaded not guilty by reason of insanity or mental defect to any crime in any state, municipality, territory, or country?
*Any crime related to driving while impaired or while under the influence of any substance is not a "minor traffic violation."		

☐	☐	2. In the past three years, or since your last completion of any application for nursing licensure, have you abused alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances or received treatment or been recommended for treatment for dependency to alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances?
☐	☐	3. In the past three years, or since your last completion of any application for nursing licensure, have you had, or do you now have, a physical or mental health problem that may impair your ability to provide safe nursing care?
☐	☐	4. 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?
☐	☐	5. Is the Board of Nursing or other licensing authority of any state, territory, or country currently investigating you?
☐	☐	6. Is disciplinary action pending against you with the Board of Nursing or other licensing authority of any state, territory, or country?
☐	☐	7. Are you currently a participant in any alternative program (a nondisciplinary monitoring program approved by a licensing board)?
☐	☐	8. Are you now, or have you ever been, placed on a state and/or federal abuse registry or placed on the Office of Inspector General exclusion list?
☐	☐	9. Has any branch of the armed services ever administratively discharged you with any characterization of service other than “Honorable” and/or court-martialed you?

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.

Signature Date