



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430
www.NJConsumerAffairs.gov/nursing

**Checklist for Endorsement
Licensed Practical Nurse/ Registered Professional Nurse**

Name of Applicant _____

Social Security Number _____ - _____ - _____

- _____ I have read the application instructions.
- _____ Official Application for Licensure by Endorsement (Please make sure all questions are answered.)
- _____ Original 2" x 2" color passport photo. (Photocopies are not acceptable.)
- _____ All required signatures are complete. (Question 6, page 2, question 7, page 3, Affidavit, page 7)
- _____ Notarized Affidavit
- _____ Supporting court documents (if applicable, refer to questions 10-18 on the application, and question 6 on the Certification and Authorization form.)
- _____ Birth certificate (English translation, if applicable.)
- _____ Immigration documentation (if applicable, see page 2 for details.)
- _____ Name change certificates (if applicable)
- _____ Certification and Authorization Form for a Criminal History Background Check (Make sure you sign and date page 2.)
- _____ New Jersey fingerprint card (black, if applicable)
- _____ F.B.I. fingerprint card (blue, if applicable)
- _____ MorphoTrust universal form (boxes 1-18 are completed, if applicable)
- _____ I have arranged for license verifications to be sent for all other states of licensure. (if they are not available on Nursys.)
- _____ All required fees are included (application and surcharge fees (\$200.00), made payable to the New Jersey Board of Nursing; fingerprinting fee made payable to MorphoTrust, if applicable).

I have completed all of the checklist items above.

(Signature of Applicant)



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INFORMATION FOR LICENSURE BY ENDORSEMENT IN NEW JERSEY

Enclosed is an application packet for licensure by endorsement. Read the following information carefully before completing this application.

If you previously held a license in New Jersey, DO NOT complete this application. You must contact the Renewal Department in order to complete an Application for Reinstatement.

APPLICATION INSTRUCTIONS

1. Check the type of license for which you are applying.
2. Attach a clear, full-face passport photograph (2"x 2") of your head and shoulders, taken within the past six months, with your name printed on the back of the photo.
3. Sign the application (question number 6 on page 2, and also sign page 3 and the affidavit on page 7).
4. Complete the entire application and have it notarized.
5. Complete the Certification and Authorization form.
6. Complete the MorphoTrust universal form.
7. Complete two (2) fingerprint cards (one black (New Jersey), one blue (F.B.I.), if applicable).
8. Provide written verification of licensure in good standing from the state in which you were originally licensed, or are currently licensed, and from every state in which you have ever been licensed. The verification must be forwarded directly to the New Jersey Board of Nursing from the applicable state board(s), if those state(s) are not listed on the NURSUS License Verification Form.
9. Submit a personal check or money order in the amount of \$200.00 made payable to the New Jersey Board of Nursing.
10. Submit a personal check or money order in the amount of \$63.19 for out-of-state applicants, made payable to MorphoTrust.
11. Submit the completed "Checklist for Endorsement," with your signature at the bottom.

GENERAL INFORMATION

We will make every effort to process your application in a timely manner. However, the process will be delayed if the application is incomplete or if any of the required documentation has not been submitted. **Please note** that the Board of Nursing does not issue a temporary license.

If you change your name and/or address after submitting an application for licensure, you must notify the Board in writing immediately in order to receive important information.

It is the responsibility of the applicant to ensure that all of the documentation required to submit a completed application has been received by the Board in a timely fashion (including information from another state). Information on the status of the endorsement-licensure file will be given to the applicant **ONLY**.

Any incomplete application, which has remained inactive for six months, will be destroyed in accordance with the Division of Consumer Affairs' record retention plan. To reactivate the application process, a completely new application and fee will be required.

Effective July 1, 2008, a \$5.00 surcharge fee for the alternative-to-discipline program must be paid.

LICENSED PRACTICAL NURSE

Attendance in or successful completion of a professional nursing program shall not serve as an equivalent or substituted qualification for the practical nursing education requirement (N.J.A.C. 13:37-4.1(b)).

NURSING PRACTICE ACT

It is the applicant's responsibility to keep current on the laws pertaining to his or her practice, the algorithm for determining the scope of nursing practice and the delegation of treatment responsibilities as these laws are subject to change. Please review the statutes and regulations on the Board's Web site because the regulations are revised occasionally. (<http://www.njconsumeraffairs.com/medical/nursing.htm>)



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Dear Applicant:

In November 2003, legislation was passed that requires the Division of Consumer Affairs to conduct criminal history record background checks on all health care professionals prior to the issuance of an initial license or other authorization to practice a health care profession (N.J.S.A. 45: 1-28 et seq.). The records of the Division show that you are a current applicant for licensure or certification as a health care professional, and as such, the Division must arrange to conduct a criminal history check of your background.

In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization form and return it to the mailing address above.

(In-State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will ***forward*** your information about how to schedule an appointment with MorphoTrust, Inc., to have your fingerprints electronically recorded. ***A \$67.20 fingerprinting fee must be paid to MorphoTrust, at the time of fingerprinting.*** The \$67.20 payment should be in the form of a check or money order made payable to MorphoTrust.

(Out-of-State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will ***forward*** to you one state and one federal fingerprint card. Out-of-state applicants must have their fingerprints recorded, on the cards provided, by their local police department, by their state police department or by their local law enforcement agency. You must return the fingerprint cards to the Board or Committee with the required fee. Applicants submitting fingerprint cards will be required to pay a \$63.19 fee to have their fingerprints scanned into the electronic system by MorphoTrust. ***The \$63.19 should be in the form of a check or money order made payable to MorphoTrust.***

If you fail to complete and return the Certification and Authorization form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing

A handwritten signature in cursive script that reads "George J. Hebert".

George J. Hebert, M.A., R.N.
Executive Director

Endorsement



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Attach a clear, full-face passport photograph (2" x 2") of your head and shoulders, taken within the past six months, with your name printed on the back of the photo.

A photo is required with each application.

Do not use staples to attach the photo.

Applicant: Check license type for which you are applying:
 Registered Professional Nurse
 Licensed Practical Nurse

Board Staff:
Date received by the Board: _____

License or Certificate number: _____

Official Application for Licensure by Endorsement

Date: _____

Please enclose an endorsement application filing fee of \$75.00, a license certificate fee of \$120.00 and a \$5.00 surcharge fee (for a total of \$200.00) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.) The \$75.00 fee covers the application only and the \$5.00 surcharge fee will not be refunded or held over. Only the license certificate fee of \$120.00 is refundable if you are determined to be ineligible for licensure or certification.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name Mr. _____ (_____)
 Mrs. _____
 Ms. _____
Last name First name Middle initial Maiden name

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as a registered professional nurse or a licensed practical nurse” is to be construed to include all of the following:

- a. The cognitive capacity to exercise the reasonable judgments of a registered professional nurse or a licensed practical nurse, and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of a registered professional nurse or a licensed practical nurse, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
- b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? Yes No Not applicable
- c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? Yes No Not applicable
- d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No Not applicable
- e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
- f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) Yes No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

Applicant’s signature

Date

Last name: _____ Social Security Number: _____

8. Have you ever changed your name? Yes No

If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Other Licenses:

a. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey? Yes No

b. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in any other state, the District of Columbia or in any other jurisdiction? Yes No

If you answered "Yes" to question 9a or 9b, for each license or certificate held, provide the date(s) held and the license number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
_____	_____	_____	_____	_____
Type of license or certificate by State Board Exam	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	
_____	_____	_____	_____	_____
Type of license or certificate by Endorsement	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	
_____	_____	_____	_____	_____
Type of license or certificate by Endorsement	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	
_____	_____	_____	_____	_____
Type of license or certificate by Endorsement	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	
_____	_____	_____	_____	_____
Type of license or certificate by Endorsement	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Have you ever been named as a defendant in any litigation related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

15. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 10 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Last name: _____ Social Security Number: _____

Education

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-D for each school. Use additional sheets of paper if necessary.

A. Name of schools attended and locations	B. Number of Years Attended	C. Attendance		D. Title of diploma or degree obtained*
		Entrance date	Leaving date	
<p>Postsecondary School(s) including basic nursing education programs</p> <hr/> <p>Name of school _____ Program major _____</p> <p>City _____ State/Country _____</p> <hr/> <p>Name of school _____ Program major _____</p> <p>City _____ State/Country _____</p> <hr/> <p>Name of school _____ Program major _____</p> <p>City _____ State/Country _____</p>	<p style="text-align: center; font-size: 2em;">B</p>	<p>____ / ____</p> <p>Month Year</p>	<p>____ / ____</p> <p>Month Year</p>	<p>Check appropriate type:</p> <p>L.P.N. _____</p> <p><input type="checkbox"/> Certificate</p> <p><input type="checkbox"/> Diploma</p> <p>R.N. _____</p> <p><input type="checkbox"/> Diploma</p> <p><input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> Bachelor's Degree</p>
		<p>____ / ____</p> <p>Month Year</p>	<p>____ / ____</p> <p>Month Year</p>	
		<p>____ / ____</p> <p>Month Year</p>	<p>____ / ____</p> <p>Month Year</p>	
<p>High School or Primary School</p> <hr/> <p>Name of school _____</p> <p>City _____ State/Country _____</p> <hr/> <p>Name of school _____</p> <p>City _____ State/Country _____</p>	<p style="text-align: center; font-size: 2em;">B</p>	<p>____ / ____</p> <p>Month Year</p>	<p>____ / ____</p> <p>Month Year</p>	<p>Check appropriate type:</p> <p><input type="checkbox"/> Graduate diploma</p> <p><input type="checkbox"/> Graduate equivalency diploma</p>
		<p>____ / ____</p> <p>Month Year</p>	<p>____ / ____</p> <p>Month Year</p>	

Last name: _____ Social Security Number: _____

Nursing Work Experience

Do not include a curriculum vitae or a resume. Neither will meet the regulatory requirements for completing this application.

1. List the nursing experience you have acquired. Provide the information about your current employment first. Use additional sheets of paper if necessary. If you do not have any work experience, please leave this section blank.

(a) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(b) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(c) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

Important Information

- 1. You must be at least 18 years old to apply for licensure by endorsement.
2. Verification forms from every state or jurisdiction in which you have been licensed or certified must be sent directly to the New Jersey Board of Nursing by the board of nursing in each state or jurisdiction.

Last name: _____ Social Security Number: _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ } ss.
County of: _____

I, _____, in making this application to the New Jersey Board of Nursing for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Last name: _____ Social Security Number: _____

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Division of Consumer Affairs

New Jersey Board of Nursing

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Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. _____ (_____)
 Mrs. _____ Last First Middle Maiden Name
 Ms.

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$22.00.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

Endorsement

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date



New Jersey Office of the Attorney General

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124 Halsey Street, 6th Floor, P.O. Box 45010
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License Verification Request

Directions to applicant: Complete only the top portion of this license verification form and forward it to the Board of Nursing in the state(s) in which you are or have been licensed. The board(s) should complete the form and return it to the New Jersey Board of Nursing. Note: Be advised that the board(s) completing the form may charge a fee for license verification. Please call the board(s) to check on fees for license verification prior to submitting this form. If any state in which you are licensed is a member of Nursys®, please use the NCSBN Nursys® form in order for us to receive your verifications faster. (Please see the complete instructions on the NCSBN Nursys® form.)

Registered Nurse

Licensed Practical Nurse

Name: First name Middle name Last name Maiden name, if applicable

Name on original license: Telephone number: (include area code)

Current address: Street City State ZIP

School of nursing: Location:

Year of graduation: License number: Year issued:

Directions to State Board of Nursing: This section is to be completed by the State Board of Nursing.

* Please include this form with any verification or correspondence sent to the New Jersey Board of Nursing at the address above.

1. License registration number: Date:

2. Did the applicant graduate from a board accredited or approved school of nursing? Yes No

3. State Board examination scores: (If the exams were taken prior to 1949, please list the subjects and scores.)

Table with 2 columns: Subject (Medical nursing, Nursing of children, Psychiatric nursing, Surgical nursing, Obstetric nursing, N.C.L.E.X.) and 2 sub-columns: Score, Series.

4. Was license issued by:

State Board test pool exams? Yes No Score Series
N.C.L.E.X.? Yes No Score Series
Waiver? Yes No Date
Endorsement? Yes No Date

5. Has this license ever been revoked, suspended or voluntarily surrendered? Yes No
If "Yes," please provide a description of the charge(s) and any action(s) taken and provide a copy of any complaint, order and voluntary surrender document.

Horizontal lines for providing details for question 5.

Official Seal

I certify that the statements contained herein are true to the best of my belief, and I recommend this nurse for licensure in the State of New Jersey.

Secretary

State

Date

In the United States

Alabama	(334) 242-4060
Alaska	(907) 269-8161
Arizona	(602) 331-8111
Arkansas	(501) 686-2700
California RN	(916) 322-3350
California PN	(916) 263-7800
Colorado	(303) 894-2430
Connecticut	(860) 509-7624
Delaware	(302) 739-4522
Washington DC	(202) 442-4380
Florida	(904) 858-6940
Georgia RN	(912) 207-1640
Georgia PN	(912) 207-1640
Hawaii	(808) 586-3000
Idaho	(208) 334-3110
Illinois	(312) 814-2715
Indiana	(317) 232-2960
Iowa	(515) 281-3255
Kansas	(785) 296-4929
Kentucky	(502) 329-7000
Louisiana RN	(504) 838-5332
Louisiana PN	(504) 838-5791
Maine	(207) 287-1133
Maryland	(410) 585-1900
Massachusetts	(617) 727-9961
Michigan	(517) 373-9102
Minnesota	(612) 617-2270
Mississippi	(480) 987-4188
Missouri	(573) 751-0681

Montana	(406) 444-2071
Nebraska	(402) 471-4376
Nevada	(775) 688-2620
New Hampshire	(603) 271-2323
New Jersey	(973) 504-6430
New Mexico	(505) 841-8340
New York	(518) 474-3843
North Carolina	(919) 782-3211
North Dakota	(701) 328-9777
Ohio	(614) 466-3947
Oklahoma	(405) 962-1800
Oregon	(503) 731-4745
Pennsylvania	(717) 783-7142
Rhode Island	(401) 222-2827
South Carolina	(803) 896-4550
South Dakota	(605) 362-2760
Tennessee	(615) 532-5166
Texas RN	(512) 305-7400
Texas PN	(512) 305-8100
Utah	(801) 530-6628
Vermont	(802) 828-2396
Virginia	(804) 662-9909
Washington RN	(360) 236-4713
Washington PN	(360) 236-4713
West Virginia RN	(304) 558-3596
West Virginia PN	(360) 558-3572
Wyoming	(307) 777-7601

Endorsement Outside Continental USA

American Samoa	(684) 633-1222-206
Guam	011(671) 475-0251
N. Mariana Island	01-670-234-8950 through 8954
Puerto Rico (Only if NCLEX Exam was taken.)	(787) 725-8161
Virgin Island	(340) 776-7397

License Verification

Effective January 1, 2009, Nursys.com license verification will move to an online application process. Paper Nursys verification request forms will no longer be accepted by NCSBN. Check Nursys website for participating Boards of Nursing. The website address to process your verification is: www.nursys.com . If the state(s) in which you are licensed is/are not a member of Nursys, please use the enclosed Verification Request Form.

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