



MAINE STATE BOARD OF NURSING

• 158 State House Station • Augusta, ME 04333-0158
Phone (207) 287-1133 Fax (207) 287-1149 TDD (207) 287-1151

APPLICATION FOR EXAMINATION AND LICENSE AS A LICENSED PRACTICAL NURSE

DO NOT WRITE IN THIS SPACE

Application Received ..... Application approved by Board of Nursing:
Fee: Cash ..... Check ..... MO .....
Receipt No. ....
Authorization No. .... Date Issued .....
Expiration Date .....
Examination Date .....
Re-examination Date/s .....
License Date ..... NCLEX Form .....
LICENSE NUMBER .....

INSTRUCTIONS. An applicant for the practical nurse examination and license must submit to the office of the Board of Nursing at least 30 days before the scheduled date of the licensure examination the following:

- 1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of \$50.00 in the form of a check or money order, made payable to the Treasurer of State of Maine, and
3. two recent passport type photographs (not more than two years old), signed and dated, and enclosed with application form as indicated.

THE APPLICATION FEE IS NOT REFUNDABLE.

SECTION I. PROFILE INFORMATION

Print legal name ..... (first) (middle) (maiden) (last)
List any other names used previously .....
Mailing address ..... (street and number or route)
(city) (county) (state and zip code)
Telephone number ..... Social Security Number .....
Birthplace ..... Date of Birth ..... month/day/year
High School ..... name and location
Date of Graduation ..... G.E.D. Yes [ ] No [ ] Date of G.E.D. Diploma .....

SECTION II. NURSING EDUCATION

School of Practical Nursing .....  
name  
.....  
address

Date of Entrance ..... Date of Graduation ..... Length of Program .....

SECTION III. TO BE COMPLETED BY ADMINISTRATIVE OFFICER OF SCHOOL OF NURSING

I hereby certify that .....  
(applicant's name)  
.....  
(applicant's address)

has successfully completed the prescribed nursing education program in the  
.....  
(name of school)

and was graduated on .....  
(month/day/year)

.....  
(signature)  
.....  
(title)  
.....  
(name of school)

SCHOOL SEAL

SECTION IV. EXAMINATION HISTORY

Have you ever taken an examination for practical nurse licensure?

- Yes If yes, indicate state(s) and date(s).
- No

.....  
.....  
.....

**SECTION V. OTHER INFORMATION**

Have you ever been convicted of a crime other than minor traffic violations?

- Yes (If yes, explain including disposition.)
- No

.....

.....

.....

**SECTION VI: RESIDENCE INFORMATION**

What state (or country if you are not from the U.S.) do you claim as your legal residence?

\_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**

Staple  
one recent photograph

Sign back of photo and  
indicate year taken

Photo must be:  
Full Face View  
Passport Type  
Clear and recognizable  
likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understood this affidavit.

Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

(SEAL) Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_ in and for the State of \_\_\_\_\_



STATE OF MAINE  
 BOARD OF NURSING  
 158 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0158

JOHN ELIAS BALDACCI  
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.  
 EXECUTIVE DIRECTOR

**DECLARATION OF PRIMARY STATE OF RESIDENCE**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent/Residential Address:

\_\_\_\_\_  
 (Apartment #, RR#, Street)

\_\_\_\_\_  
 (City, State, and Zip Code)

Mailing address: (If same as above check here )

\_\_\_\_\_  
 (PO Box, Apartment #, RR#, Street)

\_\_\_\_\_  
 (City, State, and Zip Code)

Telephone Number \_\_\_\_\_ Email address: \_\_\_\_\_

( ) Yes ( ) No Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

In accordance with Chapter 11 Regulations Relating to the Nurse Licensure Compact Part II, 2.a. of the Nurse Licensure Compact Rules and Regulations, I declare that the State of \_\_\_\_\_ is my primary state of residence and is my legal state of residence.

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Providing false or misleading information may result in disciplinary action by the Board.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Print Name)



PRINTED ON RECYCLED PAPER