



MAINE STATE BOARD OF NURSING

158 STATE HOUSE STATION 161 CAPITOL STREET AUGUSTA, MAINE 04333-0158
(207) 287-1152

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: CC Cash Check MO _____

Examination Date _____

Re-examination Date(s) _____

LICENSE NUMBER _____ License Date _____

_____ Chair

_____ Executive Director

_____ Date

INSTRUCTIONS: Foreign or Canadian licensed practical nurses cannot apply for licensure by examination. They must be licensed in the province or country where they were educationally prepared and apply for licensure by endorsement/reciprocity.

An applicant **must** submit to the Board of Nursing office the following:

1. Application form completed in ink or typewritten, with signature in applicant's handwriting properly notarized;
2. Fee of \$50.00 in the form of Visa/MasterCard/Discover Card), check or money order in U.S. funds, made payable to "Treasurer of the State of Maine";
3. Recent passport type photograph (2 x 2 and no more than two years old) enclosed with the application form;
4. Section VI. Declaration of Primary Residence must be completed with the state of primary residence and the date the state became your legal residence (not the date the application is complete).
5. A criminal background check (CBC) must be completed through the Maine Department of Public Safety (DPS) and the FBI based on a set of fingerprints provided. Register for fingerprinting on-line at <https://me.ibtfingerprint.com/>. If you do not register you will not be able to have your fingerprints taken, There is a one-time \$52 fee for this process.
*An applicant **may** need the following:*
6. Original source transcripts with degree conferred (for graduates of out of state programs only); and
7. A detailed letter of explanation (circumstances/history of what happened) is required for any "yes" answers in Section II., court documents (arrest and conviction, and DEEP and counselor documents (as applicable).

For applicants requesting special accommodations to take the NCLEX-LPN examination the following is required:
You must register with Pearson Vue;

1. You must provide the following documents as part of your application:
 - A signed request for the specific accommodations from you;
 - A letter from the school indicating the specific accommodations you received in your nursing program; and

MILITARY APPLICANTS: Complete SECTIONS I, II, V, VI and VII.

Nursing Service in the Medical Corps of any branch of the armed services of the United States requires:

- A. Military Service evaluations showing at least twelve (12) months service on active duty in the medical corps of any branch of the Armed Forces rendering bedside patient care. Military service evaluations must be submitted showing the dates of service, areas assigned, and the duties performed for each assignment.
- B. Official Transcripts or official "Certificate of Release or discharge from active duty" (DD 214) showing completion of basic course of instruction in nursing required by his or her branch of the Armed Forces.
- C. Official DD 214 or other military document showing that service in the Armed Forces has been under honorable conditions, or whose general discharge has been under honorable conditions.

NOTE: A combination of military and nonmilitary experience is not acceptable.

NOTE: State Boards of Nursing in many states require graduation from an accredited school of nursing. Please be aware that applicants deemed eligible for licensure in Maine using other methods of qualifying (I.E., military experience) may not be eligible for licensure by endorsement in other states.

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION I. PROFILE INFORMATION

| | | | | | |
|--|------------------------------|-----------------------------|-------------------------------|-----------------------|-------------------------------|
| FULL LEGAL NAME | | FIRST | FULL MIDDLE OR "N/A" | MAIDEN | LAST |
| ANY OTHER NAMES EVER USED | | | | | |
| DATE OF BIRTH | | / | / | PLACE OF BIRTH | |
| | | | | CITY | STATE |
| SOCIAL SECURITY NUMBER | | | - | - | PERSONAL EMAIL ADDRESS |
| MAILING ADDRESS *This is considered your public contact address | | | | | |
| CITY | | STATE | | ZIP CODE | COUNTRY |
| RESIDENTIAL ADDRESS (if different from above) | | | | | |
| PHONE NUMBER(S) | | HOME | | MOBILE | BUSINESS |
| HIGH SCHOOL | | NAME | | LOCATION | DATE OF GRADUATION / / |
| G.E.D. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | DATE OF G.E.D. DIPLOMA | | / / |

SECTION II. DISCIPLINARY INFORMATION

PLEASE READ AND ANSWER EACH QUESTION CAREFULLY AND TRUTHFULLY:

NOTE: Answers found to be fraudulent may result in denial, fines, suspension, and/or revocation of a license.

- A. Has **any** licensing authority (including, but not limited to, the Maine State Board of Nursing) refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? YES NO
- B. Is there **any** complaint pending against any license in any state or jurisdiction including, but not limited to, Maine and Canadian and foreign jurisdictions? YES NO
- C. Have you been disciplined for problems resulting from a physical illness or condition? YES NO
- D. Have you been disciplined for problems resulting from mental illness? YES NO
- E. Are you currently participating in a substance abuse and/or alcohol or drug treatment program or have been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? YES NO
- F. Have you ever been disciplined for problems resulting from chemical dependency? YES NO
- G. For any criminal offense, including those pending appeal, have you: (*please select below all that apply*) YES NO
 - a. Been convicted of a misdemeanor?
 - b. Been convicted of a felony?
 - c. Pled nolo contendere, no contest, or guilty?
 - d. Received deferred adjudication?
 - e. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?

- f. Been sentenced to serve jail or prison time? Court ordered confinement?
- g. Been granted pre-trial diversion?
- h. Been arrested or have any pending criminal charges?
- i. Been **cited** or charged with any violation of the law? (*other than parking tickets and/or traffic violations. OUI's/DWI's are not considered traffic violations*)
- j. Been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?

H. Are you currently the target or subject of a grand jury or government agency investigation? YES NO

NOTE: If you answered "YES" to questions A-G listed above, attach a letter of explanation that is dated and signed indicating the circumstances you are reporting to the Board. If you answered "YES" to questions G or H, you must also attach the document(s) showing the disposition of the case(s).

SECTION III. BASIC NURSING EDUCATION

| | | |
|--------------------------------|------------------------|-----------------------|
| SCHOOL OF PROFESSIONAL NURSING | NAME | |
| ADDRESS | | |
| DATE OF ENTRANCE / / | DATE OF GRADUATION / / | LENGTH OF PROGRAM / / |

SECTION IV. TO BE COMPLETED BY THE NURSE ADMINISTRATOR OF THE NURSING EDUCATION PROGRAM

| | |
|---|--|
| I hereby certify that _____ has successfully completed the prescribed | |
| (applicant's name) | |
| nursing education program on _____ | and will graduate on _____ |
| (month/day/year) | (month/day/year) |
| SCHOOL SEAL _____ | Signature _____ Printed Name _____ Title _____ Date _____ |

SECTION V. EXAMINATION HISTORY

Have you ever taken an examination for Practical Nurse licensure?
 YES If YES, indicate state(s) and date(s). NO

SECTION VI. DECLARATION OF PRIMARY RESIDENCE

A. I declare that the State of _____ is my primary state of residence as of ____/____/____ (date) and that such constitutes my

permanent and principal home for legal purposes. (“Primary state of residence” is defined as the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.)

B. Upon licensure in Maine, in which state(s) do you intend to practice?

C. Are you currently employed in the U.S. Military (Active Duty) or in the U.S. Federal Government? YES NO

TAPE TOP ONLY
One recent photograph Photo
must be:
Full face view
Passport Type
← 2 x 2 only →
Clear and recognizable likeness

SECTION VII: RECORD OF MILITARY SERVICE (This Section To Be Completed By Applicant Who Qualifies On The Basis Of U.S. Military Service)

The MAINE NURSE PRACTICE ACT, 32 M.R.S. § 2251-A(2), specifies that an applicant who qualifies on the basis of U.S. military service must have “A. Served on active duty in the medical corps of any branch of the Armed Forces of the United States and spent an aggregate of at least 12 months rendering bedside patient care; B. Completed the basic course of instruction in nursing required by the branch of the Armed Forces of the United States in which the applicant served; and C. Was honorably discharged from active duty.” This section refers to United States Military only.

1. SPECIFY THE BRANCH OF MILITARY YOU SERVED IN: AIR FORCE ARMY COAST GUARD MARINES NAVY
2. DATE OF ENLISTMENT: _____ DATE OF DISCHARGE: _____ ARE YOU STILL ON ACTIVE DUTY? YES NO
3. DATES OF SERVICE FOR YOUR ACTIVE DUTY IN MEDICAL CORPS: FROM: _____ TO: _____
4. BASIC COURSE IN NURSING (CLASSROOM INSTRUCTION ONLY) RECEIVED AT THE FOLLOWING PLACE:
5. NAME OF BASIC COURSE OF INSTRUCTION IN NURSING: _____
DATE STARTED _____
DATE OF COMPLETION _____

6. SUBMIT THE FOLLOWING DOCUMENTS WITH THIS FORM:

A. OFFICIAL TRANSCRIPTS OR OFFICIAL “CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY” (DD 214) SHOWING COMPLETION OF BASIC COURSE OF INSTRUCTION IN NURSING REQUIRED BY YOUR BRANCH OF THE ARMED FORCES.
B. OFFICIAL DD214 OR OTHER MILITARY DOCUMENT SHOWING THAT SERVICE IN THE ARMED FORCES HAS BEEN UNDER HONORABLE CONDITIONS, OR WHOSE GENERAL DISCHARGE HAS BEEN UNDER HONORABLE CONDITIONS; AND
C. MILITARY SERVICE EVALUATIONS SHOWING THE DATES OF SERVICE, AREAS ASSIGNED AND DUTIES PERFORMED FOR EACH ASSIGNMENT. YOU MUST DEMONSTRATE THAT YOU RENDERED AT LEAST 12 MONTHS OF ACTIVE DUTY BEDSIDE PATIENT CARE.

By my signature, I the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine and hereby certify that the information provided on this application is true and accurate. By submitting this application, I affirm that I have complied with all requirements of the law, and that I have read and understand this affidavit and that the Maine State Board of Nursing will rely on this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension, or revocation of my license if this information is found to be false.

Signature of Applicant _____ Date _____

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers, and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website. The mailing address is considered your public contact address.



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CREDIT CARD AUTHORIZATION FORM

Please Provide the Following: We accept Visa/MasterCard/Discover Card

Credit Card #

Credit Card Expiration Date:

(mm/yy)

Your Name

(if not the Card Holder)

Card Holder's Name:

(as it appears on the Card)

Card Holder's Billing

Address

Card Holder's Signature
