



# MAINE STATE BOARD OF NURSING

158 STATE HOUSE STATION  
161 CAPITOL STREET  
AUGUSTA, MAINE 04333-0158  
(207) 287-1138

## APPLICATION FOR LICENSE AS A LICENSED PRACTICAL NURSE BY ENDORSEMENT CANADIAN APPLICANT

**DO NOT WRITE IN THIS SPACE**

Application Received \_\_\_\_\_

Application Approved by Board of Nursing: \_\_\_\_\_

Fee:  CC  Cash  Check  MO \_\_\_\_\_

\_\_\_\_\_ Chair

License Date \_\_\_\_\_

\_\_\_\_\_ Executive Director

LICENSE NUMBER \_\_\_\_\_

\_\_\_\_\_ Date

**INSTRUCTIONS** To apply for licensure as a Registered Professional Nurse by endorsement from Canada, you **must** be licensed in the province that you were educationally prepared as a Practical Nurse. 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;
2. Fee of \$50.00 in the form of Visa/MasterCard/Discover Card (credit card form enclosed), 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. Verification of licensure from the province you were originally licensed in;
5. Additional verifications are also required if you have been licensed and have practiced in Canada or any other foreign country;
6. Nursing transcripts directly from your nursing program. Additional information is required from your practical nursing program indicating you have been prepared in medication administration (oral, inhalation, topical, rectal, buccal, intermuscular, and subcutaneous routes);
7. Successfully complete a test of English (TOEFL, ELTS, TOEIC), to include reading, writing, listening, and speaking, if your nursing program studies were not provided in English;
8. Successful completion of the NCLEX-PN examination; and
9. 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 to. Register for fingerprinting online 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; and
10. A U.S. Social Security Number.

**YOU MAY NOT PRACTICE NURSING IN MAINE UNTIL YOU RECEIVE AUTHORIZATION FROM THIS OFFICE**

**THE APPLICATION FEE IS NOT REFUNDABLE**

### SECTION 1. PROFILE INFORMATION

<b>FULL LEGAL NAME</b>	FIRST	FULL MIDDLE OR "N/A"	MAIDEN	LAST
<b>ANY OTHER NAMES EVER USED</b>				
<b>DATE OF BIRTH</b>	/	/	<b>PLACE OF BIRTH</b>	CITY STATE
<b>SOCIAL SECURITY NUMBER</b>	-	-	<b>PERSONAL EMAIL ADDRESS</b>	
<b>MAILING ADDRESS</b> *This is considered your public contact address				
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>COUNTRY</b>	
<b>RESIDENTIAL ADDRESS</b> (if different from above)				
<b>PHONE NUMBER(S)</b>	HOME	MOBILE	BUSINESS	
<b>HIGH SCHOOL</b>	NAME	LOCATION	<b>DATE OF GRADUATION</b> / /	

G.E.D.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE OF G.E.D. DIPLOMA	/	/
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**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 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 your license in any state or jurisdiction including Canadian and foreign jurisdictions?  YES  NO
- C. Have you ever been disciplined for problems resulting from a physical illness or condition?  YES  NO
- D. Have you ever 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)*
  - 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 (first licensed practical nurse program)**

SCHOOL OF PRACTICAL NURSING	NAME					
ADDRESS						
DATE OF ENTRANCE	/	/	DATE OF GRADUATION	/	/	LENGTH OF PROGRAM
Practical Nursing Program <input type="checkbox"/>		Waivered <input type="checkbox"/>		Equivalent Preparation <input type="checkbox"/>		

**SECTION IV. LICENSURE HISTORY**

ORIGINAL REGISTRATION:	YEAR	LICENSE NUMBER	BY EXAM
STATE			<input type="checkbox"/> YES <input type="checkbox"/> NO
COUNTRY <i>if applicable</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION V. EMPLOYMENT INFORMATION**

A. List employment in nursing for the past five years.

Name of Agency	City and State	Dates of Employment
		FROM / / TO / /
		FROM / / TO / /
		FROM / / TO / /

B. If you **have not** been employed in nursing in the last five years, please explain. \_\_\_\_\_

C. Are you currently employed in nursing?  YES  NO

If yes, please specify: NAME ADDRESS PHONE NUMBER

D. Where in Maine do you plan to work?

NAME ADDRESS PHONE NUMBER

**SECTION VI. DECLARATION OF PRIMARY RESIDENCE**

A. I declare that the State of \_\_\_\_\_ (state)\*\* 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 persons declared fixed permanent and principal home for legal purposed; 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

**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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## VERIFICATION OF PRACTICAL NURSE LICENSURE

To \_\_\_\_\_ Board of Nursing

Name of Applicant \_\_\_\_\_

Present Address \_\_\_\_\_

License Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

### INFORMATION BELOW TO BE COMPLETED BY THE BOARD OF NURSING IN YOUR STATE OF ORIGINAL LICENSURE

#### EDUCATION

High School Diploma:  YES  NO  G.E.D.

Nursing Program: State Accredited?  YES  NO Type:  Associate Degree  Baccalaureate Degree  Diploma

Name of Nursing Program \_\_\_\_\_

Address \_\_\_\_\_

Date of Entrance \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_ Length of Program \_\_\_\_\_

#### LICENSURE

License Number \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date of Current License \_\_\_\_/\_\_\_\_/\_\_\_\_

Issued by:  Exam  Endorsement  Waiver

Has license ever been suspended, revoked, probated, reprimanded, or limited/restricted?  YES (please attach explanation)  No

#### EXAMINATION

Results of State Board Test Pool Examination/NCLEX (please indicate if exam was taken more than one time) Series Number: \_\_\_\_\_

Scores: \*if applicant did not write SBTPE/NCLEX, specify type of test and list subjects and grades on back

Medical Nursing	_____	Psychiatric Nursing	_____
Obstetric Nursing	_____	Surgical Nursing	_____
Nursing of Children	_____	Comprehensive NCLEX	_____

Canadian Exams:  CNATS  Provincial Taken in:  English  French

NAME & TITLE \_\_\_\_\_

STATE \_\_\_\_\_

DATE \_\_\_\_\_

(SEAL)



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## CREDIT CARD AUTHORIZATION FORM

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**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** \_\_\_\_\_