



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

DO NOT WRITE IN THIS SPACE

Application Received _____

Application Approved by Board of Nursing: _____

Fee: CC Cash Check MO _____

License Date _____

LICENSE NUMBER _____

Chair

Executive Director

Date

INSTRUCTIONS An applicant for licensure by endorsement 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 your original state of Licensed Practical Nurse licensure through NURSYS at www.nursys.com (\$30.00 Visa or MasterCard). Some states do not participate in the NURSYS verification. Please check with your state, if the state is not participating in NURSYS, please use the enclosed Maine verification form to send to your original state of licensure;
5. Additional verifications are also required if you have practiced in Canada or a foreign country; and
6. Original source transcripts are required if you graduated from a program in Canada or a foreign country.
7. 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.

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

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION 1. 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 your license in any state or jurisdiction, including, but not limited to, Maine and Canadian and foreign jurisdictions? YES NO
- C. Have you ever been disciplined for problems resulting from mental illness? YES NO
- D. 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 manner? YES NO
- E. Have you ever been disciplined for problems resulting from chemical dependency? YES NO
- F. 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?

G. 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 PRACTICAL NURSING	NAME
ADDRESS	
DATE OF ENTRANCE	/ / DATE OF GRADUATION
	/ / LENGTH OF PROGRAM

Practical Nursing Program

Waivered

Equivalent Preparation

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 LICENSED PRACTICAL NURSE LICENSURE

Submitted to original state of licensure when the state does not participate in NURSYS verification and Canadian and foreign licensing authorities 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:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> G.E.D.			
Nursing Program:	State Accredited?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Type:	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Baccalaureate Degree
						<input type="checkbox"/> 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:	<input type="checkbox"/> Exam	<input type="checkbox"/> Endorsement
	<input type="checkbox"/> Waiver	
Has license ever been suspended, revoked, probated, reprimanded, or limited/restricted?		<input type="checkbox"/> YES (please attach explanation)
		<input type="checkbox"/> 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

Date

(SEAL)

State _____



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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 _____