

**RN/LPN - Checklist**

- App. & Fee
- Proof of Residency
- Transcript or CGFNS (Foreign Grad Only)
- NCRC

**\*\*\*FOR OFFICE USE ONLY\*\*\***



**\*\*\*FOR OFFICE USE ONLY\*\*\***

Eligible to Test

Retake?  Yes  No

Receipt #

ID #

Issue Date

License #

**Rhode Island**

**Board of Nurse Registration and Nursing Education**

3 Capitol Hill , Room 103  
Providence, RI 02908-5097

***Application For License  
By Exam As A***

- Registered Nurse**
- Licensed Practical Nurse**

This application is for those who need to take the NCLEX Examination and want to have Rhode Island as the primary state of licensure. **DO NOT** use this application if you are already licensed as a nurse in another state.

**MILITARY STATUS ELIGIBILITY**

*(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

*LAST NAME*

*FIRST NAME*

*MI*

**This application form (dated 01/08/2016) replaces all previous versions.  
Prior versions of the application will not be accepted or processed.**

**\*Do Not Hand Deliver - Application Must Be Mailed\***

**Phone: (401) 222-5700**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-6683**

Revised 01/08/2016 jcp

# APPLICATION INFORMATION

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## **\*\*VERY IMPORTANT\*\***

Rhode Island is part of the Nurse Licensure Compact. If your legal residence is in a state that is part of the Nurse Licensure Compact, you must apply for that state's license, which will provide you privileges to work in RI. You do not need a RI nursing license. Please visit <https://www.ncsbn.org/compacts.htm> in order to determine if your state of legal residence is part of the Compact.

If your legal residence is in a state that is not part of the Nurse Licensure Compact and you wish to practice nursing in RI, then you must obtain a RI nursing license by completing this application.

## **Application Checklist**

### **U.S. Graduates**

- Completed, Signed Application with Cover Page
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$135.00** for RN or **\$45.00** (for LPN) and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE
- Proof of Residency. Acceptable documents are copy of driver's license, tax return or lease and must include address)
- Official transcript from the school of nursing listing graduation date and degree conferred. This should be sent directly to the Board by the school **or** enclosed with this application in a sealed envelope from the school. Facsimilies will not be accepted.
- All applicants must apply to the Department of Attorney General for a national background check supported by fingerprints and a state background check. The report **MUST** be sent directly from the Department of Attorney General to the RI Board of Nursing. For information on this process please visit <http://www.riag.state.ri.us/homeboxes/BackgroundChecks.php>
- Apply to NCSBN for the NCLEX Examination - Web Site: <http://www.ncsbn.org> or Toll-Free (866) 293-9600. Rhode Island must make you eligible to take the test. We will not make you eligible to test until we receive your completed transcript either directly from the school or in a sealed envelope from the school listing your graduation date and degree conferred.
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

### **Foreign-Trained Nurses**

- Requirements listed under U.S. Graduates.
- Completion of the requirements of the **Commission of Graduates of Foreign Nursing Schools**. For information on this process please visit [www.cgfns.org/services](http://www.cgfns.org/services)

**Rules and Regulations:**      <http://sos.ri.gov/rules/index.php>

**Nurse Practice Act:**        [www.rilin.state.ri.us/statutes/title 5/5-34/index.htm](http://www.rilin.state.ri.us/statutes/title%205/5-34/index.htm)

All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

If you have a criminal history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license. To check if your license has been issued go to: <https://healthri.mylicense.com/Verification/>

NOTE: You may not practice in Rhode Island until you have received a license number. If you have any questions about this application process please contact the board staff at 401-222-5700.



<p><b>7. Preferred Mailing Address</b> Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my <b>Home Address</b> as my preferred mailing address</p> <p><input type="checkbox"/> Please use my <b>Business Address</b> as my preferred mailing address</p>
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<p><b>8. Qualifying Education</b></p> <p>Please list the name and information about the school that you attended which led to your licensure as a nurse.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Type of School (University, College, Trade/Technical School etc.)</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Name of School</td> </tr> <tr> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td style="padding-left: 20px;">Date Graduated:</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">State</td> <td style="padding-left: 20px;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Month</td> <td style="font-size: 8px; text-align: center;">Day</td> <td colspan="2" style="font-size: 8px; text-align: center;">Year</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Major</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> U.S Graduate      <input type="checkbox"/> Foreign Graduate                 </td> </tr> </table>			Type of School (University, College, Trade/Technical School etc.)				Name of School			Date Graduated:	State	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Month</td> <td style="font-size: 8px; text-align: center;">Day</td> <td colspan="2" style="font-size: 8px; text-align: center;">Year</td> </tr> </table>					Month	Day	Year				Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)				Major		<input type="checkbox"/> U.S Graduate <input type="checkbox"/> Foreign Graduate	
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<p><b>9. NCLEX Exam</b></p> <p>Please provide information about any attempts at the NCLEX exam.</p>	<p>Have you ever applied for, or taken, the NCLEX examination in another state/territory?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes; provide name of state/territory:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	

<p><b>10. Criminal Convictions</b></p> <p>Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.</p> <p>If necessary, you may continue on a separate 8½ x 11 sheet of paper.</p>	<p>Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Abbreviation of State and Conviction<sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"></td> <td style="border: 1px solid black; width: 15%; text-align: center;"> </td> <td style="border: 1px solid black; width: 15%; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>									

<p><b>11. Disciplinary Questions</b></p> <p>Check either Yes or No for each question.</p> <p>NOTE: If you answer "Yes" to any question, you are <b>required</b> to furnish complete details, including date, place, reason and disposition of the matter.</p>	<p>1. Are there any charges or investigations pending, in any state, against you?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <hr style="border-top: 1px dashed black;"/> <p>2. Have you ever had any disciplinary action(s) taken, or is any pending against your license to practice nursing, or any other licenses, registrations or certifications that you hold; or are any complaints pending in any state?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>Note:</b> If you answered "yes" to any of these questions you must explain on a separate sheet of paper.</p>
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**12. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Nurse Registration and Nursing Education any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as nurse in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Nurse Registration and Nursing Education of any change in the answers to these questions after this application and this affidavit is signed.

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

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

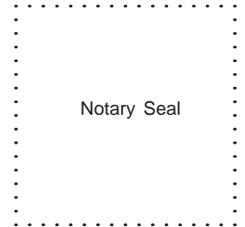
**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)





State of Rhode Island and Providence Plantations  
Department of Health

This information is completely voluntary and will NOT affect your Application in any way.

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**VOLUNTARY RACE/ETHNICITY QUESTIONS\***

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Note: This information is voluntary and refusal to provide it will not impact on the renewal of your license. It will be confidential and used only in accordance with Title VI of the Civil Rights Act of 1964.

**1. Ethnicity:** Are you Hispanic or Latino? (Mark “No” if not Hispanic or Latino.)

No, not Hispanic or Latino       Yes, Hispanic or Latino

**2. Race:** What is your race? (Mark one or more.)

American Indian or Alaska Native     Black or African American       White  
 Asian       Native Hawaiian or other Pacific Islander

For the purposes of the above questions kindly use the “Federal Minimum Data Collection” explanations listed below:

**1. Ethnic Categories:**

**Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin” can be used in addition to “Hispanic or Latino.”

**Not Hispanic or Latino**

A person who is not Hispanic or Latino.

**2. Racial Categories:**

**American Indian or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American**

A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”.

**Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\*This information is being collected in accordance with the Department of Health’s Policy for Maintaining, Collecting and Presenting Data on Race and Ethnicity. The mission of the Department is to protect and promote the health of the population and to prevent disease through life-style change, environmental change, and health services delivery. A copy of this policy is available upon request.