



**APPLICATION FOR LICENSE BY EXAMINATION
 LICENSED PRACTICAL NURSE -
 REGISTERED NURSE**

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. and the Iowa Code. The number will be used in connection with the collection of child support, college student loans, debts owed to the state of Iowa, and as an internal means to accurately identify licensees. This information will also be shared with taxing authorities as allowed by law. Ref: 42 U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1), 261.126(1) (2007), § 272D.8(1) (Supp. 2008), § 421.18 (2007). Information is collected pursuant to Iowa Code 147.10 and Iowa Administrative Code 655-Chapter 3, will be used for workforce projections, and may be disclosed pursuant to IAC 655-Chapter 11. Failure to provide mandatory information will result in license denial.

SECTION A – APPLICANT INFORMATION

IT IS ILLEGAL TO PRACTICE NURSING IN IOWA WITHOUT A CURRENT LICENSE

1. I am applying for License by Examination for a: (One Box **MUST** be checked)

Registered Nurse	Licensed Practical Nurse
<input type="checkbox"/> First Time Tester	<input type="checkbox"/> First Time Tester
<input type="checkbox"/> Re-Test within 12 months of original application	<input type="checkbox"/> Re-Test within 12 months of original application
<input type="checkbox"/> Re-Test 12 months or more after original application	<input type="checkbox"/> Re-Test 12 months or more after original application

SECTION B - PERSONAL INFORMATION

Notification to the Board of name and address changes is mandatory as defined in IAC Section 147.9 (Address changes can be made online. Name changes are required to be submitted in writing.)

1. Legal Name First Middle Last
2. Other Last Name(s)
3. Residential Address
1. P.O. Box
2. City
3. State
4. Zip Code
8. County
9. Country
10. Primary Phone Number
11. Mobile Phone Number
12. Other Phone Number
13. E-Mail Address
14. Social Security #
15. Date of Birth
16. Are you a Veteran? Yes No
17. Are you a Spouse of a Veteran? Yes No

18. Gender

- Female
- Male

19. Race/Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> White, Caucasian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |

20. Have you ever held a Licensed Practical Nurse/Licensed Vocational Nurse license in another state?

- Yes If Yes, State(s)
- No

PRIMARY STATE OF RESIDENCE

Iowa is a member of the Enhanced Nurse Licensure Compact Agreement (eNLC). The eNLC allows a nurse who resides in a compact state to hold ONE license in the nurse’s primary state of residence and practice in all other states in which the compact is in effect. As a condition of obtaining a license in a compact state, you are REQUIRED to declare your primary State of residence. Primary state of residence is the state in which you actually live, vote, and pay taxes.

- If you are issued an Iowa multi-state license, you will be allowed to practice in ANY other compact state.
- If you declare ANOTHER compact state as your primary state of residence you cannot be licensed in Iowa unless you are employed by the federal government, in the military, or if that license is a single state license.
- If you declare a non-compact state as your primary state of residence, you will be issued an Iowa single-state license which authorizes you to practice only in Iowa.

21. My Current Primary State of Residence is:

Are you employed by the federal government or on active military duty?

- Yes
- No

SECTION C - DEMOGRAPHICS

1. Graduation from High School or GED?

- Yes
- No

2. Entry Level Education What type of nursing degree/credential qualified you for your first U.S. nursing license? (If applying for RN license choose the entry level education for the RN degree.)

- | | |
|---|--|
| <input type="checkbox"/> Vocational/Practical Certificate | <input type="checkbox"/> Master’s Degree |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Baccalaureate Degree | <input type="checkbox"/> Other |

3. Highest Level of Education What is your highest level of education?

- | | |
|---|---|
| <input type="checkbox"/> Vocational/Practical Certificate-Nursing | <input type="checkbox"/> Master's Degree-Non-Nursing |
| <input type="checkbox"/> Associate Degree-Nursing | <input type="checkbox"/> Doctoral Degree-Nursing (PhD) |
| <input type="checkbox"/> Associate Degree-Non-Nursing | <input type="checkbox"/> Doctoral Degree-Nursing Practice (DNP) |
| <input type="checkbox"/> Baccalaureate Degree-Nursing | <input type="checkbox"/> Doctoral Degree-Nursing Other |
| <input type="checkbox"/> Baccalaureate Degree-Non-Nursing | <input type="checkbox"/> Doctoral Degree-Non-Nursing |
| <input type="checkbox"/> Master's Degree-Nursing | |

4. Were you educated in a country outside the United States?

- Yes
 No

5. Name of Nursing School Attended

6. School Code

7. School Location (City & State or Country)

8. Have you received certification from the Commission of Graduates of Foreign Nursing Schools?

- Yes
 No
 NA

9. Date of Graduation mm/dd/yyyy

SECTION D - CRIMINAL OFFENSE OR DISCIPLINED/SURRENDERED LICENSE INFORMATION

All criminal convictions and/or disciplinary actions taken by another licensing authority **MUST** be reported to the Iowa Board of Nursing within 30 days of the action pursuant to 655 IAC 4.6(3)"d" and "e".

1. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, Alford pleas, or no contest to a crime other than a minor traffic offense, in any jurisdiction? Driving while under the influence or driving while impaired must be reported.

You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must answer "Yes" if you received a deferred judgment or if the conviction was expunged.)

Failure to report all criminal history may result in disciplinary action.

- Yes
 No

2. If yes, has the Iowa Board of Nursing formally reviewed all of these criminal actions?

- Yes
 No If No, submit a copy of the sentencing order with this application (See Exam Instructions)

3. Has your license to practice or privilege to practice nursing, or any health care profession, ever been disciplined, surrendered or denied in this state or any other state(s)?

- Yes
 No

4. If yes, has the Iowa Board of Nursing formally reviewed this action(s)?

- Yes
 No If No, list all state(s) and submit board documentation

SECTION E – EMPLOYMENT

1. Are you currently employed/self employed in nursing or in a position that requires an active nursing license?

Yes

No If No, continue to **SECTION F – EMPLOYMENT STATUS**

2. If Yes, in what state(s) will you be employed?

The following questions are referring to your Primary Employer. Primary Employer is defined as where you work the majority number of hours per week.

3. Primary Employer Name

4. Primary Employer State

Zip Code

5. Primary Employer County Name

County Number (if known)

6. Primary Employer Phone Number

7. What will be your primary employment status?

Full-time

Part-time

Per diem

8. Average Hours you will work in a nursing position.

<10

10-20

21-30

31-40

41-50

>50

In 2001, the legislature passed a law mandating that licensing boards require a person who regularly examines, attends, counsels or treats dependent adults or children in Iowa to accurately document compliance with training requirements on abuse education and/or dependent adult abuse, upon license renewal.

9. In your employment/self-employment as a RN or LPN, will you examine, attend, counsel, or treat children or dependent adults in Iowa on a regular basis?

Yes

No

SECTION F - EMPLOYMENT STATUS

1. What will be your employment status? (If you choose a., b., d. or e. , Answer Questions 2 & 3 and continue to **SECTIONS J & K**)

a. Actively employed in a healthcare field other than nursing

b. Actively employed in a non-healthcare field

c. Actively employed in nursing or in a position that requires a nurse license

d. Retired

e. Unemployed

f. Working in nursing as a volunteer

2. Are you seeking nursing employment?

Yes

No

3. Please share the primary reason that you are not currently employed in nursing.

- Difficulty in finding a nursing position
- Disabled
- Inadequate Salary
- Other
- School
- Taking care of home and family

SECTION G - EMPLOYMENT SETTING

1. Please identify the type of setting that will most closely correspond to your primary nursing practice position. (Choose only one)

- Academic Setting
- Community Health
- Correctional Facility
- Home Health
- Hospital
- Insurance Claims/Benefits
- Long Term Care/Extended Care/Assisted Living Facility
- Occupational Health
- Office/Clinic/Ambulatory Care Setting
- Other
- Policy/Planning/Regulatory/Licensing Agency
- Public Health
- School Health Service

SECTION H - EMPLOYMENT POSITION

1. Please identify the position title that will most closely correspond to your primary nursing practice position. (Choose only one)

- Advanced Practice Nurse
- Consultant
- Nurse Director/Manager
- Nurse Executive/Administrator
- Nurse Faculty
- Nurse Researcher
- Other-Health Related
- Other-Not Health Related
- Staff Nurse

SECTION I - EMPLOYMENT SPECIALTY

1. Please identify the employment specialty that will most closely correspond to your primary nursing practice position. (Choose only one)

- Acute Care/Critical Care
- Adult Health/Family Health
- Anesthesia
- Community
- Geriatric/Gerontology
- Home Health
- Maternal-Child Health
- Medical Surgical
- Occupational Health
- Oncology
- Other
- Palliative Care
- Pediatrics/Neonatal
- Public Health
- Psychiatric/Mental Health/Substance Abuse
- Rehabilitation
- School Health
- Trauma
- Women's Health

SECTION J – FEES

1. \$143.00 (First Time Tester)
2. \$ 93.00 (Re-Test - Within 12 months of Original Application)
3. \$143.00 (Re-Test - 12 months or more after Original Application)

(1 & 3 Includes the \$50.00 fee to conduct the DCI and FBI criminal history background check)

SECTION K – SIGNATURE

Please read the following statement and confirm agreement by signing this application

Signature-I certify that this complete application and all submitted materials contain no willful misrepresentation and that the information is true and complete to the best of my knowledge. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I also understand that, in compliance with Iowa Code, Chapter 22, information on this application will be public record and may be available to the public upon request, except for applicable laws. Finally, I understand that in submitting this application for licensure, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with my application.

Name _____
(Print)

Signature _____

Date _____