

APPLICATION FOR LICENSE BY EXAMINATION—PRACTICAL NURSE

APPLICANT INSTRUCTIONS

Nurse Licensure Compact. The Nurse Licensure Compact became effective in Colorado on October 1, 2007, allowing nurses licensed in Colorado to practice in other compact states. A nurse may hold only one compact license and it must be issued by his/her state of primary residence. **If you declare your primary state of residence to be a compact state other than Colorado, you should not apply for licensure in Colorado and your application will be returned to you.** If you currently reside in a compact state other than Colorado and will change your primary residence to Colorado within the next 30 days, you may declare primary residency in Colorado. You may be required to provide proof of residency, which may include a Colorado driver's license, voter registration or income tax return. If you declare a non-compact state as your state of primary residence, and you meet all other requirements for licensure in Colorado, you will receive a single-state license valid for practice only in Colorado. For a list of states participating in the Compact or additional information about the Compact go to our website at www.dora.state.co.us/nursing.

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Practical Nurse in this state without a Colorado or other compact state license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-38-101; the Board's rules; and the Board's policies. These documents are available online at www.dora.state.co.us/nursing.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records. Failure to complete the application thoroughly or to submit all supporting documents will delay processing.

Application Good for One Year. Your application will be kept on file for one year from the date of receipt. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process within one year. You will need to submit a new application packet and fee after that time.

Social Security Number is Required. By Colorado statute, you must provide your social security number. If you do not have a United States social security number, you must complete an SSN affidavit. The affidavit is available on our website at www.dora.state.co.us/registrations/SSNAffidavit.pdf, or you may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between March 1, 2008 and June 30, 2008 will reflect a license expiration date of June 30, 2010. Licenses issued prior to March 1, 2008 will reflect an expiration date of June 30, 2008 and must renew in the upcoming renewal period.

- ▶ All Practical Nurse licenses expire on June 30 of even numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To be eligible for **License by Examination—Practical Nurse**, you must:

- Complete the attached Application for License by Examination.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application-processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility Form.** Effective January 1, 2007, and pursuant to CRS 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e. divorce decree, marriage license, or court order).
- Provide evidence of having completed an approved nursing education program.**
 - ▶ Graduates of traditional nursing programs: Attach to your application an official transcript, with the conferral date, in its official sealed envelope indicating your completion of a nursing program. **NOTE: Failure to provide the transcript with your application could severely delay the processing of your application.**
 - ▶ Graduates of non-traditional education programs who have completed the Student Permit application process: You must include with your application – in its original sealed envelope – the completed Skills Checklist that was provided to you after completion of this course.
 - ▶ Foreign trained applicants: Applicants who are educated outside the United States and its territories must submit the CES Healthcare Profession & Science Report credentials review from the Commission on Graduates of Foreign Nursing Schools (CGFNS). For more information about ordering this report, contact CGFNS at 3600 Market Street, Suite 400, Philadelphia, Pennsylvania, 19104; by phone at (215) 349-8767, or online at www.cgfns.org. Foreign trained applicants must submit proof of demonstrating English proficiency. Passing standards are outlined in Nursing Board Policy 10-05. To schedule the Test of English as a Foreign Language and order the English Language Proficiency Exam Report, go to <http://www.cgfns.org/sections/programs/vs/>. Select the “About the English Language Proficiency Exam” link. Scores should be forwarded to CGFNS for evaluation.
- Register for the NCLEX examination with Pearson VUE.**

You may register and pay the fee:

 - on the Internet at www.pearsonvue.com/nclex; or
 - by telephone at (866) 496-2539 (Toll-free within the United States only. For information on calling from outside the United States, please refer to page 2 of the NCLEX Examination Candidate Bulletin); or
 - by mail following the instructions on page 4 of the NCLEX Examination Candidate Bulletin.

Eligibility for licensure will be determined after the completed application and all supporting documentation has been received and reviewed.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Nursing
1560 Broadway, Suite 1350
Denver, CO 80202

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES**Division of Registrations**

1560 Broadway, Suite 1350
Denver, Colorado 80202
Phone (303) 894-7800
Fax (303) 894-7693
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/registrations

Department of Regulatory Agencies

D. Rico Munn
Executive Director

Division of Registrations

Rosemary McCool
Director



Bill Ritter, Jr.
Governor

Dear Applicant:

Thank you for your interest in becoming a licensed professional within the Division of Registrations. Before you submit your application, I want to make you aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards the public is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your licensure application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
I didn't think the prior conduct had anything to do with the profession.
I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts annual audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

Sincerely,

Rosemary McCool, Director
Division of Registrations

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S 24-34-107, **ALL** applicants for original licensure or licensees renewing a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check 1, 2 or 3 below):

1. ___ I am a US citizen.
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended.
 - c. ___ I am an alien who is paroled into the US under 8 U.S.C. sec. 1182 (d) (5).
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided upon request only.
 - Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired less than one year. (Temporary paper license with invalid Colorado Driver License, Colorado Driver Permit, or Colorado Identification Card, expired less than one year is considered acceptable.)
 - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year.
 - Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa.
 - Valid I-551 Resident Alien or Permanent Resident card.
 - Valid foreign passport accompanied by an "I-94" indicating a specific future "until" date.
 - Valid I-94 issued by Canadian government with L1 or R1 status and a valid Canadian driver's license or valid Canadian identification card.
 - Valid Temporary Resident Card.
 - Valid I-94 with refugee/asylum stamp.

(document list continued on page 2)

- Valid 1688B or 1766 Employment Authorization Card.
- Valid US Military ID (active duty, dependent, retired, reserve and National Guard).
- Tribal Identification Card with intact photo (US or Canadian).
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Passport issued by the U.S. Government with one of the following documents: Social Security card; marriage, divorce or separation certificate or decree; or a Colorado or Federal tax return.
- Colorado Department of Corrections Inmate Identification Card with a Social Security card issued by the United States Government.

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

_____ (If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

4. What is the expiration date of your secure and verifiable document? ____/____/____ (month/day/year)
 (If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

 Signature

 Date

 Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

APPLICANT INFORMATION

Name: Last:		First:	Middle:
Previous Name(s): <i>You must include a copy of legal name change document.</i>			
Social Security Number: *		Date of Birth (mm/dd/yy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (city and state, or foreign country):			
Mailing Address: <i>This is a</i> <input type="checkbox"/> <i>Home</i> <input type="checkbox"/> <i>Business</i>	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ()		E-mail Address:	

EDUCATION

Name of Professional Nursing Program Attended: (do not abbreviate)	
Location: (City & State or Country)	
Date of Graduation: (Month & Year)	Type of Degree/Diploma Granted: (example: certificate, diploma):
Is the program approved by a State Board of Nursing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
► If YES, name of Board and State:	

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **LICENSE NUMBER:** _____ **DATE ISSUED:** _____

LICENSING INFORMATION

A. Have you ever held any type of health care license in any state other than Colorado or in any other country? YES NO

▶ If YES, list below all states/countries in which you are or have ever been licensed (if needed, attach an additional sheet using the same format):

Type of license	State/Country	License #	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

B. Have you ever applied for any type of Colorado health care license prior to this application? YES NO

▶ If YES, provide application types and license information if applicable:

Application type	License #	Month & year license issued

SCREENING QUESTIONS

If you respond "YES" to any of the following questions, you must provide the following for each "YES" response:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome

You may be required to provide the following:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Has any nursing or other health care license held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation in any state other than Colorado or in any territory of the United States? YES NO
2. Are you under investigation or is a disciplinary action pending against your nursing license or other health care license in any state or territory of the United States? YES NO
3. Have you received notification from the Department of Health and Human Services, Office of the Inspector General, that you have been excluded from participation in Medicare, Medicaid or any federal health care programs? YES NO
4. Have you ever been convicted, entered a plea of guilty, nolo contendere, or no contest for any felony, misdemeanor or petty offense? YES NO
 - ▶ The fact that a conviction has been pardoned, expunged, dismissed, deferred, or that your civil rights have been restored does not mean that you answer this question NO; you should answer YES.
5. Have you ever been convicted, pled no contest/nolo contendere, or had a court accept a plea to a criminal motor vehicle offense of DUI/DWI/DWAI/OWI or any traffic offense involving drugs or alcohol? YES NO
 - ▶ The fact that a conviction has been pardoned, expunged, dismissed, deferred, or that your civil rights have been restored does not mean that you answer this question NO; you should answer YES.
6. Has any final judgment, settlement or arbitration award for malpractice been paid by you or on your behalf? YES NO

7. Do you have a physical or mental disability which renders you unable to perform nursing services or duties with reasonable skill and safety and which may endanger the health and safety of persons under your care? YES NO
8. Are you now or have you in the past five (5) years been addicted to any controlled substance, a regular user of any controlled substance without a prescription, or habitually intemperate in the use of intoxicating liquor? YES NO
9. Have you been terminated or permitted to resign in lieu of termination from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects? YES NO
10. Have you been arrested for an alcohol or drug-related offense other than stated in question No. 5? YES NO

DECLARATION OF PRIMARY STATE OF RESIDENCE

“Primary State of Residence” is defined as the state of a person’s declared fixed permanent and principal home for legal purposes; domicile. **You may be asked to provide proof of residency.**

I declare that the state of _____ is my primary state of residence / will be my primary state of residence within 30 days and that such constitutes / will constitute my permanent and principal home for legal purposes.

DECLARATION OF STATE(S) OF CURRENT PRACTICE

Upon licensure in Colorado, I may practice in the state(s) of:

Colorado (strike through if not applicable) _____

Attach additional sheets if necessary.

I will practice exclusively at a government / military facility and am requesting a Colorado single-state license.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this application is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the practice act.

 Signature of Applicant

 Date