



**Georgia Board of Nursing**  
**Professional Licensing Boards Division**  
**237 Coliseum Drive**  
**Macon, Georgia 31217-3858**  
**Telephone: (478) 207-1640**  
**Fax: (478) 207-1660**  
**Web Site: www.sos.state.ga.us/plb/rn**

| <b>Official Use Only</b>           |                      |
|------------------------------------|----------------------|
| Eligibility for NCLEX-RN Approved: | _____                |
|                                    | Initials Date        |
| NCLEX Reg.                         | _____                |
|                                    | Initials Date        |
| <b>RN</b>                          | _____                |
|                                    | (License No. Issued) |
| TP for Reentry                     | _____                |
|                                    | Initials Date        |

**APPLICATION FOR LICENSURE BY EXAMINATION**  
**FOR GRADUATES OF INTERNATIONAL NURSING PROGRAMS**

Prior to completing this application, please read the enclosed information sheet, Georgia Nurse Practice Act, and the Georgia Board of Nursing Rules and Regulations. The latter two documents are available on the website. All application fees are nonrefundable. Application is void if requirements for licensure are not met within one year from the date application is received in this office. You will be notified and your application will be placed on inactive status. Complete the application by typing or printing in ink. If response is not applicable, write NA. If you have previously been made eligible to take the NCLEX-RN by the Georgia Board of Nursing. you must use the Repeat International Graduate Application.

**PERSONAL INFORMATION**

1. **Legal Name (no initials):** \_\_\_\_\_  
Last First Middle (Maiden)
2. **Other Names Previously Used:** \_\_\_\_\_  
Please provide all previously used names
3. **U.S. Social Security No.** \_\_\_\_\_ 4. **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(See information sheet) Month Day Year
5. **Residential Address:** \_\_\_\_\_  
Number and Street Apt. No.  
(Your residential address is required if different than your mailing address. P.O. Box is not acceptable.)  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
City State/Province Zip/Postal Code Country
6. **Mailing Address:** \_\_\_\_\_  
Number and Street Apt. No.  
(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Board's website )  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
City State/Province Zip/Postal Code Country
7. Telephone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_
8. E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_
9. Country of Birth: \_\_\_\_\_

|                          |
|--------------------------|
| <b>OFFICIAL USE ONLY</b> |
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**NATIVE LANGUAGE**

10. Please respond to the following questions:

- a. Is native language English? No **Yes**
- b. Is country of initial nursing education – Australia, Bermuda, Canada, Ireland, Jamaica, New Zealand, South Africa, Trinidad, or the United Kingdom? No **Yes**
- c. Was language of instruction English? No **Yes**
- d. Was language of textbooks English? No **Yes**

**CGFNS/CES**

11. Commission on Graduates of Foreign Nursing Schools (C.G.F.N.S.) Certificate or Credentials Evaluation Health Care Professions Course-by-Course Report (C.E.S.)

Please provide your identification number: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

12. Nursing Education (Provide information on all nursing schools attended.)

- a. Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Street  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Enrollment Date \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Month/Year Month/Year
- b. Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Street  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Enrollment Date \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Month/Year Month/Year
- c. Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Street  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Enrollment Date \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Month/Year Month/Year

**13. Nursing Education Program** (Check all applicable classroom and clinical learning activities in the following areas.)

| Areas                             | Classroom |    | Clinical |    |
|-----------------------------------|-----------|----|----------|----|
|                                   | Yes       | No | Yes      | No |
| Pediatric Nursing                 |           |    |          |    |
| Maternal/Infant Nursing           |           |    |          |    |
| Medical/Surgical Nursing          |           |    |          |    |
| Mental Health/Psychiatric Nursing |           |    |          |    |

**LICENSURE INFORMATION**

**14. Licensure as a Registered Nurse**

a. Initial Licensure: Country \_\_\_\_\_ Date \_\_\_\_\_  
 License Number \_\_\_\_\_ Current **Not Current**  
 Legal Title \_\_\_\_\_

b. Current Licensure (only one jurisdiction must be listed):  
 Country, Province (Canada), State/Territory (United States) \_\_\_\_\_  
 Licensure Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
 Legal Title \_\_\_\_\_

**PREVIOUS APPLICATIONS FOR LICENSURE BY EXAMINATION**

**15. Previous Applications for Licensure by Examination**

a. Is this your first application for licensure by examination to the Georgia Board of Nursing? Yes **No**

**If no**, please provide the month and year(s) in which the application was/were submitted.

\_\_\_\_\_ Month/Year \_\_\_\_\_ Month/Year

b. Have you applied for licensure by examination in any other state/territory of the United States? No **Yes**

**If yes**, please answer (c).

c. In which other state(s)/territory(ies) have you taken the licensing examination? Please send the enclosed form to the appropriate board of nursing and request that information about your scores/results be sent to this office.

State/Territory: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 State/Territory: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 State/Territory: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**NURSING PRACTICE INFORMATION**

16. Employment as a Registered Nurse:

Have you been employed as a registered nurse for compensation for at least three (3) months or 500 hours within the four (4) years immediately preceding the date of this application? Yes **No**

**If yes**, please provide the information requested. No resumes please.

| Employer's Name Street Address<br>City / State/Zip | Position Title | RN Position |    | Dates (month/year) |    |
|--|----------------|-------------|----|--------------------|----|
|  |                | Yes         | No | From               | To |
|  |                |             |    |                    |    |
|  |                |             |    |                    |    |

**PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION**

17. Board Disciplinary Actions/Legal Convictions: Answer **BOTH** Questions:

A. Have you ever been arrested, convicted, sentenced, pled guilty, or plead nolo contendere or been given first offender status for any felony, a crime involving moral turpitude, or a crime violating a federal law involving controlled substances or dangerous drugs or a DUI or DWI?

No **Yes**

**If you answered "yes" to any of the above**, please provide a notarized explanation of each offense and provide certified copies of the final court disposition. (If the court documents come with your application and not directly from the court, they must be received in our office in an envelope sealed by the court) For any criminal offense, explanation should include offense charged, plea, final disposition, and the name of the court, state or county/jurisdiction. (Note: You must respond "yes" if you pleaded and completed probation as a First Offender. A criminal background check may be done.) Your application will not be considered complete until the information is received and reviewed by the Board.

B. Has any other licensing board or agency in Georgia *or any other state* ever:

- |   |    |            |
|---|----|------------|
| (a) denied your license application, renewal, or reinstatement? | No | <b>Yes</b> |
| (b) revoked, suspended, restricted, or probated your license?   | No | <b>Yes</b> |
| (c) requested or accepted surrender of your license?            | No | <b>Yes</b> |
| (d) reprimanded, fined, or disciplined you?                     | No | <b>Yes</b> |

**If you answered "yes" to any of the above**, please provide certified copies of the action taken against your license with relevant supporting documents to the Georgia Board of Nursing, 237 Coliseum Drive, Macon, GA 31217. If the documents come with your application, they must be received by our office in an envelope sealed by the Board or agency involved. Include a notarized explanation of each incident with your application. Your application will not be considered complete until the information is

received and reviewed. Please provide the name of the agency or board in the space provided below.

\_\_\_\_\_  
(name of agency or board)

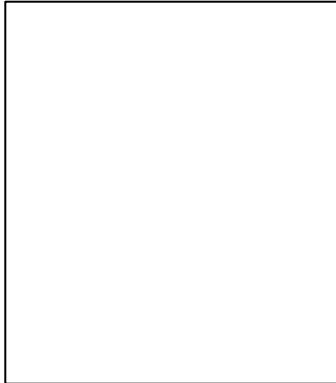
C. Have you failed to renew a license, certification or registration during an investigation against you by a licensing board or other agency? No **Yes**

D. Is there any disciplinary action or investigation pending against you by any licensing board, agency, or national certifying organization? No **Yes**

**If you answered "yes" to C or D**, please provide a notarized letter of explanation for each incident.

#### 18. Passport Photograph

Submit one official passport photograph, taken within the last year, showing only your face and shoulders. Sign the front of the photograph with your legal signature in the presence of a Notary and attach it to the space below.



#### RELEASE OF INFORMATION

19. I hereby appoint \_\_\_\_\_

(Individual/Recruiter)

\_\_\_\_\_  
(Address)

as my agent to communicate with the Georgia Board of Nursing by phone, mail, e-mail, or fax concerning the status of my application. Written notice of the cancellation of your agency relationship must be received by the Board in order to revoke the above stated Release of Information.

## CERTIFICATION

20. I hereby certify that I have read the Statutory provisions and the Rules of the Georgia Board of Nursing available by written request (fee required) or at the Georgia Board of Nursing official web site. Under penalties of perjury I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. The attached passport photograph bears my likeness and signature. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure. The Georgia Board of Nursing is hereby authorized to request any criminal history record information concerning me from any state or local criminal justice agency

\_\_\_\_\_  
Date Application Signed

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

Sworn to me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_

**(SEAL)**

Commission Expires \_\_\_\_\_

**Mail this form and fee to: Professional Licensing Boards Division, Georgia Board of Nursing, 237 Coliseum Drive, Macon, GA 31217. DO NOT SEND CASH. Make certified check or money order (US Funds) payable to the Georgia Board of Nursing.**

**Have you...**

- Enclosed a \$40.00 **non-refundable** application fee?
- If you responded "Yes" to either the previous disciplinary questions or criminal activity questions, have you included your Letter of Explanation with this application, and have you requested the certified documents from the appropriate authorities to be sent to the GBON?
- Have you paid the testing fee and registered with the testing service for the NCLEX-RN examination?
- Is the name you registered with the test service exactly as you have listed it on your licensure examination application?**
- Have you requested that the licensing authority send a verification of current licensure directly to the Georgia Board of Nursing?**
- Included all your previously used names?**
- If you have chosen to use CGFNS certification** to meet your requirements, have you requested that CGFNS verify your certification? Must request that CGFNS attach a copy of your official transcript with their verification or you must request the official transcript to sent directly to the Georgia Board of Nursing from your educational institution(s).
- If you have chosen to use CES Report** to meet your requirements, have you requested that the report be sent directly to the Georgia Board of Nursing? Must request that a copy of the official transcript be attached to the report sent by CES, or you must request that the official transcript be sent directly to the Georgia Board of Nursing from your educational institution(s). The CES Report is the only Credential Evaluation acceptable to the Georgia Board of Nursing.
- If you responded "no" to any of the questions under 10, have you either met the TOEFL requirement by submitting verification of CGFNS certification or requested that a passing score report be sent from TOEFL directly to the Georgia Board of Nursing.**



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### DOCUMENTATION OF NURSING EDUCATION

A Documentation of Nursing Education form must be sent to each nursing school attended. The applicant must complete the top section and send the form to the nursing school. The transcript must be sent directly from the school to the Board of Nursing.

Name \_\_\_\_\_  
Last First Middle Maiden

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ License Number \_\_\_\_\_

School of Nursing \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Enrollment date \_\_\_\_\_ Graduation Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DEAN/DIRECTOR OF THE NURSING SCHOOL

An official (signed, sealed/stamped) transcript of the nursing education courses, and **pertinent supporting documents describing classroom and clinical learning**, completed by the above-named applicant are attached. The transcript bears relevant dates of enrollment and graduation and the diploma/degree earned. Please complete the classroom and clinical information.

Language in which courses were taught \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dean/Director**

**SEAL/STAMP**

### Classroom and Clinical Information

Student (Graduate) \_\_\_\_\_

| Subject     | Classroom Hours | Clinical Hours |
|-------------|-----------------|----------------|
| Medical     |                 |                |
| Surgical    |                 |                |
| Obstetric   |                 |                |
| Pediatric   |                 |                |
| Psychiatric |                 |                |





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## RESULTS OF PREVIOUS LICENSING EXAMINATION(s)

Results of Previous Licensing Examination(s) form must be sent to each NCLEX-RN jurisdiction in which an application for licensure by examination was made and the NCLEX-RN was written and failed. The applicant should check with the relevant Board of Nursing to verify whether a fee is charged for this service.

Name \_\_\_\_\_  
Last First Middle Maiden

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Permission is granted to the Board of Nursing stated above to send the Georgia Board of Nursing all scores/results from any previous licensing examinations (State Board Test Pool Examination; National Council Licensure Examination.) The information will be reviewed as a part of my application for licensure by examination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

### BOARD OF NURSING

The above-named applicant has indicated that the licensing examination was previously written in your jurisdiction. For each examination written, please provide the date, series number, and score(s)/result(s).

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_



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### VERIFICATION OF CURRENT LICENSURE

A Verification of Current Licensure form must be sent to the licensing/regulatory board which can verify that the license to practice as a registered nurse is current, provide its expiration date, and respond to its disciplinary status. **The name on the verification must be the same as the name on the application.**

Name \_\_\_\_\_  
Last First Middle Maiden

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ License Number \_\_\_\_\_

License/Regulatory Board \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Permission is granted to the licensing/regulatory board stated above to verify that my license to practice as a registered nurse is current, provide its expiration date, and respond to its disciplinary status. The completed verification should be sent to the Georgia Board of Nursing as part of my application for licensure by examination as a registered nurse.

\_\_\_\_\_

#### LICENSE/REGULATORY BOARD

The above-named registered nurse was issued license number \_\_\_\_\_ which expires/expired on this date \_\_\_\_\_.

The nurse was licensed by examination  endorsement,  or waiver

Has this license ever been denied, revoked, suspended, surrendered, limited or placed on probation?

No  Yes  If yes, please attached an official copy of the Board action to be completed, sealed/stamped verification form.

Signature \_\_\_\_\_

**SEAL/STAMP**