Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810
Tel: (225) 755-7500 or (225) 755-7517
Fax: (225) 755-7581
www.lsbn.state.la.us

INSTRUCTIONS FOR APPLYING FOR APRN LICENSURE BY ENDORSEMENT

We are pleased that you are requesting licensure as an Advanced Practice Registered Nurse in Louisiana. In the State of Louisiana, licensure is mandatory for a Certified Nurse Practitioner (CNP), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM) and Certified Registered Nurse Anesthetist (CRNA). You may not practice in an advanced nursing role in Louisiana until the Louisiana State Board of Nursing (LSBN) has issued you an APRN license.

Following are instructions to apply for Advanced Practice Registered Nurse licensure in the State of Louisiana **by endorsement**. If you have *never* been licensed as an APRN in another U.S. State, please see the separate application packet to apply for initial APRN licensure by Examination on the LSBN website (click **here**). If you were previously licensed as an APRN in Louisiana, but that license is inactive/lapsed, instructions and forms on how to apply for Reinstatement are also available at the LSBN website (click **here**).

Forms included in this packet:

1. Application for Advanced Practice Registered Nurse Licensure (form **AP1**)
2. Verification of Advanced Practice Education (form **AP2**)
3. Verification of National Certification (form **AP3**)
   (List of LSBN approved National APRN Certifying Organizations is available at the LSBN website - click **here**)
4. Verification of Original Licensure/Recognition as an APRN in another State (form **AP4**)
5. Verification of Current (or most recent) Licensure/Recognition as an APRN in another State (form **AP5**)
6. Authorization to Disclose Criminal History Record Information forms (forms **CBC1** – 2 separate pages)

To qualify for licensure by endorsement in an advanced role in the State of Louisiana, you must meet the following requirements:

- Have a current/valid, unrestricted Louisiana Registered Nurse license. ***If*** you do not hold a current RN license in Louisiana, you will need to also apply for RN License by Endorsement. If you held a Louisiana RN license previously but it is inactive/lapsed, you will need to apply for RN Reinstatement. Both applications are available at the LSBN website and must be submitted to LSBN along with your APRN application in one (1) envelope.

  Please Note – If you have ever had a previous arrest (even if charges/arrest were later expunged or dismissed) and/or past board action that was not already disclosed and reviewed by LSBN Board staff, then additional documentation will be required when applying for APRN licensure. Along with the APRN application, submit a signed/dated statement providing details of the incident (date, location, charges and current disposition) and the following additional documentation:

  - For an arrest/charge: Contact law enforcement/clerk of court in the county/parish/jurisdiction where the charges/arrest occurred and request a set of "*certified*" documents showing: original arrest record, charges, court judgment, and final court disposition of the charges on each incident be sent to the LSBN office, Attention: APRN Department.
  - For Board Action: Contact the State Board of Nursing where the Board action occurred and request a set of "*board certified*" documents regarding the action be mailed directly to LSBN Attention: APRN Department.

- Have completed:
  1. A minimum of a graduate degree with a concentration in the respective APRN role and population focus from an accredited college or university that meets the curriculum guidelines established by the Louisiana State Board of Nursing; **or**,
  2. Prior to December 31, 1995, completed or been continuously enrolled in a formalized post-basic education program preparing for the APRN role and population focus.

- Have current national certification in the specific APRN role and population focus the nurse is applying to LSBN for licensure.

Documents required for APRN licensure by Endorsement:

- Notarized 'Application for Advanced Practice Registered Nurse License' (AP1).
- Money Order *or* Bank Cashier's Check for **$140.75** payable to: Louisiana State Board of Nursing (or LSBN). This total includes the $100.00 application fee ***and*** the additional $40.75 cost to run the required Criminal Background Check (CBC). Personal Checks or Cash are not accepted. All fees submitted are non-refundable.
- Complete Criminal Background Check (CBC) packet - submitted ***along with*** the completed and notarized APRN application. A complete CBC packet consists of: two (2) CBC authorization forms, two (2) FBI fingerprint cards, and CBC fee (included in the $140.75 total indicated above).

  NOTE – ***If*** you wish to have your fingerprints scanned in person ('LiveScan') at the Louisiana State Board of Nursing (LSBN) office, you must include an additional $10.00 fee for processing the criminal background check ($50.75 for the CBC fee - $150.75 total application fees). 'LiveScan' fingerprinting must be completed before 3:00 pm central standard time (CST). The LSBN office opens at 8:30 am (CST), but closed for all state and federal holidays. Please try to arrive at the LSBN office by midday to allow sufficient time for processing if using the 'LiveScan' CBC option. The nurse must be able to submit their application (already completed & notarized) and fee(s) to LSBN staff when he/she arrives for 'LiveScan' fingerprinting.
- Receipt of completed 'Verification of Advanced Practice Nursing Education' (AP2) – mailed *directly* to LSBN by the school.
- Receipt of official graduate degree transcript which documents date of completion and the specific nursing graduate degree **conferred** in a specific advanced practice role and population focus. Official transcript must be mailed *directly* to LSBN by the school. **NOTE**: If any academic coursework required for your graduate degree had been completed with an educational institution *different* than the university conferring the degree, then an official transcript will be required from each educational institution/university.
- Receipt of completed 'Verification of National Advanced Practice Certification' (AP3) – sent *directly* to LSBN by the national certifying organization. An official written verification of national AP certification from the organization will also be accepted, provided it contains the same data requested on the AP3 form and sent directly to LSBN by the certifying organization.
- Receipt of 'Verification of Original State Licensure/Recognition as an APRN' (AP4) from that Board of Nursing (BON).
- Receipt of 'Verification of Current (or Most Recent) Licensure/Recognition as an APRN' (AP5) from your current BON.

APRN temporary permits are available only in very select circumstances and are ***not available to new graduates***.
To be eligible to request an APRN temporary permit, you must meet one (1) of the following criteria:

- have a two (2) or more year gap between education and/or clinical experience and the date your application for licensure as an APRN is submitted to LSBN; *or*
- have applied (or now applying) to LSBN for reinstatement of your prior Louisiana APRN license and national recertification is pending; *or*
- have otherwise been directed by the Board regarding eligibility to apply for the temporary permit.

If you meet one of the requirements for an APRN temporary permit as explained above, please provide along with your application, a signed/dated written explanation that indicates which criteria applies.

SPECIAL NOTES: The criminal history record information checks are authorized under the Nurse Practice Act, Louisiana Revised Statutes 37:920.1 and are required as part of the licensure process.

Please be careful in filling out your application and forms. Do not utilize white-out on any forms. If you have made a simple error, put a single cross-out, initial error, and provide correct information above.

If you have questions regarding the APRN application process after reading instructions and forms, please call (225) 755-7517 or (225) 755-7500 (option # 6) and ask to be connected to the Licensing Analyst handling APRN licensure.

All licensure applications expire one year from date submitted.

Prior to engaging in medical diagnosis and management as an Advanced Practice Registered Nurse (APRN), including writing orders and/or prescriptions, the APRN must obtain a letter of approval issued to the nurse by LSBN indicating approval for prescriptive authority (PA) privileges in the State of Louisiana in collaboration with licensed physician(s) or dentist(s). Click **here** for link to LSBN website to obtain the separate application required to apply for initial PA privileges in Louisiana. The nurse must wait until his/her Louisiana APRN license has been issued (i.e. 'active') before the nurse can submit application forms and original collaborative practice agreement to obtain LSBN approval for PA privileges.

LOUISIANA STATE BOARD OF NURSING

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APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE LICENSE

Please return this completed and notarized application form along with a **Money Order** or **Bank Cashier's Check** for **$140.75**. This total includes a $100.00 application fee and $40.75 for the required Criminal Background Check. Personal Checks or Cash are not accepted. Fees are not refundable. Please read instructions prior to applying. Applications not completed within one (1) year from date of submission will be closed and cancelled. Application must be signed with **BLUE INK**. Rest of application must be typed – or – completed legibly with Blue or Black ink. Do not use white-out on any applications or forms sent to LSBN. Please read separate instructions fully.

Check Applicable Advanced Practice License Sought:	Check Type of License Applied:
☐ **Certified Registered Nurse Anesthetist (CRNA)** ☐ **Certified Nurse Midwife (CNM)** ☐ **Certified Nurse Practitioner (CNP)** ☐ **Clinical Nurse Specialist (CNS)**	☐ **Initial Licensure by national certification examination** (If you have **never** been licensed as an APRN in any other state) ☐ **Licensure by Endorsement** (If you are licensed to practice as an APRN in another state)

SECTION I - APPLICANT INFORMATION

Name (First, Middle, Maiden, Married):		
Louisiana RN License #:	**Social Security #:**	
Street Address:		
City:	**State:**	**Zip Code:**
*Is the above a **new** mailing address?* ☐ **- YES** ☐ **- NO**		**Home Phone:**
Email address:		**Cell Phone:**

SECTION II - EDUCATIONAL PROGRAMS

BASIC NURSING PREPARATION OBTAINED FOR INITIAL RN DEGREE			
Name of School:	**Location:**	**Completion Date:**	**Type of Degree:**
ADVANCED NURSING PREPARATION OBTAINED FOR APRN DEGREE			
School/Institution:	**Name of Program:**	**Address** (City, State)**:**	
Dates of Enrollment **From:** **To:**		**Degree/Certificate Awarded:** ☐ **Certificate** ☐ **Masters** ☐ **Post-Masters** ☐ **Doctorate**	
Specify your Advanced Practice Role and Population Focus degree and national certification obtained/applied: (Examples: CRNA; CNM; Family NP; Adult NP; Pediatric NP; Adult Psychiatric Mental Health CNS, etc.):			

(OVER – NEXT PAGE)

SECTION III - CERTIFICATION / LICENSURE

Print name of Applicant:_____

Name of National AP Certifying Organization: (Supply whether applying for Initial Licensure by EXAM – ***or*** - by Endorsement)		
Date of Original Certification: (Endorsement applicants):	**Certification No:** (Endorsement)	**Expiration Date:** (Endorsement)

APRN LICENSURE BY ANOTHER STATE

Complete this remaining portion of **Section III** below ***only*** if applying for Louisiana APRN licensure **by Endorsement**. Use additional page if needed to supply all information requested. **New graduates skip to Section IV/Affidavit**.

Original State: **Date:**	**Current State:** **Date:**	**Other State:** **Date:**	**Other State:** **Date:**

Have you ever been denied approval to practice in an advanced role; has your APRN license ever been disciplined, denied, suspended, and/or revoked?* ☐ **- YES** ☐ **- NO**

*If you answered '*Yes*' above, attach a signed letter of explanation and have certified documents sent to LSBN by the other Board of Nursing.

Practice Setting (Institution/Clinical Facility)**:**			
Name of Administrator of above Institution/Clinical Facility:			
Mailing Address:	**City:**	**State:**	**Zip:**
Current Job Title:			

SECTION IV – AFFIDAVIT

STATE OF _____ COUNTY/PARISH OF _____

I, _____(print name of applicant) being duly sworn, state that I am the person who is referred to in the foregoing application for licensure, that the statements contained herein are strictly true in every respect, that I have read and understand this affidavit, and acknowledge the contents therein.

_____

Signature of Applicant

Subscribed and sworn to before me on _____, 20_____.

_____ _____

Notary Public **Date Commission Expires**

Bar Roll/Notary #:_____

Revised: 9/99, 6/00, 4/01, 1/04, 8/06, 2/08, 10/11, 3/12, 7/13, 2/14, 2/15

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VERIFICATION OF ADVANCED PRACTICE NURSING EDUCATION

PART I – APRN Applicant Information

Applicant Instructions: Fill out the **top** portion of this form and forward to the educational institution from which you obtained your advanced practice nursing education. This form must be completed and submitted to the Louisiana State Board of Nursing (LSBN) office **directly** by the educational institution. An **official** set of transcripts indicating an advanced practice nursing degree was **conferred** (or certificate issued if post-grad) must also be **mailed directly** to LSBN by the School.

Name (First, Middle, Maiden, Married):		
Street Address:		
City:	**State:**	**Zip Code:**
Social Security #:		**Date of Birth:**
Louisiana RN License Number:		**Expiration Date:**
Signature of Applicant:		**Date Signed:**

PART II – Verification of Advanced Practice Education

Educational Institution Instructions: Please complete the following information, noting any exceptions to the information requested. Please fill out all portions of this form and mail to the Louisiana State Board of Nursing (LSBN) at the address noted above. An **official set of the applicant's conferred transcripts** must also be mailed to LSBN ***directly*** from the School.

Name of Educational Institution: _____

I certify that _____ **completed the advanced nursing program**
print name of graduate above

indicated below and completed ALL requirements for conferring a Master's degree in nursing or Post Graduate award/ certificate as of the date this form has been signed and not after.

Type of Advanced Nursing Educational Program:		Advanced Practice Role:
☐ * Certificate	☐ Post Graduate	☐ Certified Nurse Midwife (CNM)
☐ * Diploma	☐ Doctorate	☐ Certified Registered Nurse Anesthetist (CRNA)
☐ Masters		☐ Clinical Nurse Specialist (CNS)
☐ Other (specify): _____		☐ Certified Nurse Practitioner (CNP)

* *Certificate or Diploma only applicable if enrolled prior to December 1995*

Provide the *specific* APRN Role *and* Population Focus completed by graduate: _____
(Examples: CRNA; CNM; Family NP; Adult NP; Pediatric NP; Adult Psychiatric Mental Health CNS, etc.)

Date Enrolled: _____ **Date Completed (provide month, day, and year):** _____

(SEAL)

_____ _____
Signature of Program Administrator **Date Signed**

Revised: 9/99, 5/02, 1/04, 8/06, 10/07, 2/08, 1/09, 10/11, 3/12, 2/14

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VERIFICATION OF NATIONAL ADVANCED PRACTICE CERTIFICATION

PART I – APRN Applicant Information

Applicant Instructions: Fill out the **top** portion of this form and forward to your National Advanced Practice Certifying Organization for completion. The certifying organization must send either this completed form ***or*** official notification of certification **directly** to LSBN.

Name (First, Middle, Maiden, Married)**:**		
Street Address:		
City:	**State:**	**Zip Code:**
Social Security Number:		**Date of Birth:**
Certification Number: (only applicable if already licensed in another state - Endorsement)		**Expiration Date:**
Signature:		**Date:**

PART II – Verification of National Advanced Practice Certification

Certifying Organization: Please complete the bottom portion of this form and mail **directly** to the Louisiana State Board of Nursing to the address shown above. A mailed written verification on your organization letterhead will also be accepted provided it contains the same data requested below and sent **directly** to LSBN. Please notify the LSBN APRN Department if your organization offers official verification of national advanced practice certification by direct electronic communication to Boards of Nursing.

This is to certify that the person identified above has met the requirements for Certification or recertification by the:

_____

Name of Advanced Practice Certifying Agency

As a _____

Please specify AP Role/Population Focus: CRNA; CNM; Family NP; Adult NP; Pediatric NP; Adult Psychiatric Mental Health CNS, etc.)

_____	_____	_____
Date of Certification	**Certification Number**	**Recertified Through Date**

_____ _____

Authorized Signature of Certifying Agency **Date Signed**

_____

Print or Type Name

(SEAL)

_____

Print or Type Title

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VERIFICATION OF ORIGINAL STATE LICENSURE/RECOGNITION AS AN ADVANCED PRACTICE REGISTERED NURSE

PART I – APRN Applicant Information

Applicant Instructions: Complete top of this page and forward it to the State Board of Nursing (BON) where you were **originally** licensed/recognized as an Advanced Practice Registered Nurse, along with applicable fee. Completed verification must be mailed **directly** to LSBN.

Name (First, Middle, Maiden, Married):	
Address (City, State, Zip):	
Social Security #:	**Date of Birth**:
Advanced Practice Education Program Completed (University/School):	
Original APRN License Number:	**Date Issued**:

I hereby authorize the _____ **Board of Nursing to furnish the Louisiana State**
Indicate original State BON above

Board of Nursing the information requested below: _____ _____
Signature Date

PART II – Verification of APRN Original Licensure

BON Instructions: Please complete the following information on the individual noted above and return by mail **directly** to the Louisiana State Board of Nursing at the address noted above.

This is to certify that the above individual is/was authorized to practice as an advanced practitioner of nursing as follows:

Type of Advanced Practice Authorization:	Advanced Practice Role:
☐ Recognition	☐ Certified Nurse Midwife (CNM)
☐ Certification	☐ Certified Registered Nurse Anesthetist (CRNA)
☐ Licensed as APRN	☐ Clinical Nurse Specialist (CNS)
☐ Not required in this State	☐ Certified Nurse Practitioner (CNP)

Name/Type of Education Program: _____

Provide APRN Role *and* Population Focus/Specialty: _____
(Examples: CRNA; CNM; Family NP; Adult NP; Pediatric NP; Adult Psychiatric Mental Health CNS, etc.)

AP License/Certification No: _____

Date Issued: _____ **Expiration Date:** _____

Has this license ever been encumbered in any way? ☐ ***-Yes** ***- or -*** ☐ **-No**
(Examples of 'encumbered' license - Revoked, Suspended, Surrendered, Reprimanded, Restricted, Limited Practice, Probation, etc.)

Is any disciplinary action pending? ☐ ***-Yes** ***- or -*** ☐ **-No**
* *If yes – please explain & attached certified copies of any/all Board Action.*

Board of Nursing: _____

(SEAL)

Signature: _____

Title: _____

Date: _____

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VERIFICATION OF CURRENT (OR MOST RECENT) LICENSURE/RECOGNITION AS AN ADVANCED PRACTICE REGISTERED NURSE

PART I – APRN Applicant Information

Applicant Instructions: Complete top of this page and forward it to the State Board of Nursing (BON) where you're **currently employed and licensed/recognized** to practice as an Advanced Practice Registered Nurse, along with applicable fee. If you are not currently working as an APRN, send this form to the State where you most recently practiced as an APRN. Completed verification must be mailed **directly** to LSBN.

Name (First, Middle, Maiden, Married):	
Address (City, State, Zip):	
Social Security #:	**Date of Birth**:
Advanced Practice Education Program Completed (University/School):	
Current APRN License Number:	**Date Issued**:

I hereby authorize the _____ **Board of Nursing to furnish the Louisiana State**
Indicate current State BON above

Board of Nursing the information requested below: _____ _____
Signature Date

PART II – Verification of APRN Licensure

BON Instructions: Please complete the following information on the individual noted above and return by mail **directly** to the Louisiana State Board of Nursing at the address noted above.

This is to certify that the above individual is/was authorized to practice as an advanced practitioner of nursing as follows:

Type of Advanced Practice Authorization:	Advanced Practice Role:
☐ **Recognition**	☐ **Certified Nurse Midwife (CNM)**
☐ **Certification**	☐ **Certified Registered Nurse Anesthetist (CRNA)**
☐ **Licensed as APRN**	☐ **Clinical Nurse Specialist (CNS)**
☐ **Not required in this State**	☐ **Certified Nurse Practitioner (CNP)**

Name/Type of Education Program: _____

Provide APRN Role *and* Population Focus/Specialty: _____
(Examples: CRNA; CNM; Family NP; Adult NP; Pediatric NP; Adult Psychiatric Mental Health CNS, etc.)

AP License/Certification No: _____

Date Issued: _____ **Expiration Date:** _____

Has this license ever been encumbered in any way? ☐ ***-Yes** ***- or -*** ☐ **-No**
(Examples of 'encumbered' license - Revoked, Suspended, Surrendered, Reprimanded, Restricted, Limited Practice, Probation, etc.)

Is any disciplinary action pending? ☐ ***-Yes** ***- or -*** ☐ **-No**
* *If yes – please explain & attached certified copies of any/all Board Action.*

Board of Nursing: _____

(SEAL)

Signature: _____

Title: _____

Date: _____

Louisiana State Board of Nursing

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FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

1) **Authorization Forms**: Complete, sign and date **both** of the following CBC authorization forms and submit to LSBN together with the appropriate licensure application (if applicable), fees, and two (2) fingerprint FBI cards:

   *** CBC1a:** Authorization for Criminal Background Check – Page I

   *** CBC1b:** Authorization for Criminal Background Check – Page II

2) **Fingerprinting**: Contact your state or local police/sheriff's office to inquire about their procedures, fees and locations for fingerprinting services. You will need to be fingerprinted onto **two (2)** official Federal Bureau of Investigation (FBI) fingerprint cards. ***If*** your local law enforcement office does not have blank FBI cards, LSBN board staff can mail you a set of FBI cards upon written request. Fill out the Request for Blank Fingerprint Cards form, indicate which department you will be submitting the CBC (and application, where applicable) at the top of the form, and fax to LSBN. If providing the CBC fingerprints cards & authorization sheets to apply for initial licensure or reinstatement in Louisiana, they must accompany your application.

   - Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the law enforcement agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (1st) FBI card, then scan your hands again to print your fingerprints on the second (2nd) FBI card.
   - The following suggestions may improve the quality of your fingerprints to ensure LSBN receives the results of your CBC promptly:
     - Hands must be clean and dry. Wash your hands vigorously with warm water and dry thoroughly immediately prior to being fingerprinted.
     - If hands are very dry or cracked, wash hands and apply a touch of moisturizer onto fingertips, removing any excess lotion with paper towel prior to being fingerprinted. This may help raise the ridges for printing.
   - L.A.C.46:XLVII.3330 J-K states:

     J. If the fingerprints are returned from the Department of Public Safety as inadequate or unreadable, the applicant, or licensee must submit a second set of fingerprints and fees, if applicable, for submission to the Department of Public Safety.

     K. If the applicant or licensee fails to submit necessary information, fees, and/ or fingerprints, the applicant or licensee may be denied licensure on the basis of an incomplete application or, if licensed, denied renewal, until such time as the applicant or licensee submits the applicable documents and fee.
   - View both FBI cards *before* you leave the facility where you're being fingerprinted. If any of the fingerprints are outside the boxes, appear too light, too dark, or obviously smudged - have the technician prepare an extra set of cards and submit **both sets** (all four cards) along with your application. ***Protect both FBI cards from smudges. Do not fold or staple.***
   - All fingerprint cards must be signed by the nurse with all sections filled out completely with the exception of the "employer and address" section.
   - Individuals who are *already licensed Registered Nurses* may opt to have their fingerprints scanned in person at the LSBN office ('LiveScan') by board staff instead of submitting paper FBI cards. 'LiveScan' fingerprinting must be completed before 3:00 pm central standard time (CST). The LSBN office opens at 8:30 am (CST), but closed for all state and federal holidays. Please try to arrive at the LSBN office by midday to allow sufficient time for processing if using the 'LiveScan' CBC option. The nurse must be able to submit their application (already completed & notarized) and fee(s) to LSBN staff when he/she arrives for 'LiveScan' fingerprinting.

3) **Fees due LSBN for CBC:**
   - $40.75 – Payable to Louisiana State Board of Nursing (LSBN) if paper FBI fingerprint cards are submitted

   - OR –

   - $50.75 – Payable to Louisiana State Board of Nursing (LSBN) if coming in person to the LSBN office to have your hands scanned using the 'LiveScan' equipment. (**Licensed Registered Nurses only**).

All fees must be paid by Money Order or Bank Cashier's Check, payable to LSBN

NOTE: If you are submitting to a CBC because you are applying for licensure or permission to enroll in clinical nursing courses, please read the **application instructions** carefully regarding payment of fees. Some application instructions will provide a '*total fee*' to submit along with the application which may include the CBC fee noted above.

(Criminal history records check is authorized under the Nurse Practice Act, **Louisiana Revised Statutes 37:920.1**)

Revised: 2/08, 6/11, 3/12, 2/15

Authorization for Criminal Background Check (CBC) – Page I

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****
******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

Fees for CBC (money order or bank cashier's check required, payable to LSBN):

- $40.75 – Payable to Louisiana State Board of Nursing (LSBN) if paper FBI fingerprint cards are submitted

- OR –

- $50.75 – Payable to Louisiana State Board of Nursing (LSBN) if coming in person to the LSBN office to have your hands scanned using the LiveScan equipment. (Licensed Registered Nurses only).

***** Refer to your Application Instructions to see if the above CBC cost if already incorporated in the application fee total*****

******PLEASE PRINT (except 'Signature) – USE BLUE OR BLACK INK WHEN FILLING OUT THIS FORM *****

Louisiana State Board of Nursing
FACILITY OR AGENCY

Patricia A. Dufrene, MSN, RN
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

Cynthia York, RN, MSN, CGRN
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

17373 Perkins Road
MAILING ADDRESS

SIGNATURE OF LSBN AUTHORIZED REPRESENTATIVE

Baton Rouge, LA 70810
CITY STATE ZIP CODE

(225) 755-7500
FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

□ **ALCOHOL AND BEVERAGE COMMISSION**
□ **ALCOHOL BEVERAGE OUTLET**
□ **CASA**
□ **CONCEALED HANDGUNS**
□ **CRIMINAL JUSTICE EMPLOYEE**
□ **DAYCARE**
□ **DENTISTRY BOARD**
□ **DEPARTMENT OF LABOR**
□ **DEPARTMENT OF PUBLIC SAFETY**
□ **EMPLOYERS**
□ **FIREFIGHTERS**
□ **GAMING**
□ **HEALTH CARE PROVIDER**
□ **IMMIGRATION**
□ **JUVENILE DETENTION CENTER**
□ **DEPARTMENT OF INSURANCE**
□ **MANUFACTURED HOUSING**
□ **MEDICAL EXAMINERS**
□ **OCS FOSTER/ADOPTIVE**
□ **OCS PERSONNEL**
□ **OFFICE OF FINANCIAL INSTITUTIONS**
□ **OFFICE OF PUBLIC HEALTH**
□ **PHARMACY BOARD**
□ **POSTSECONDARY EDUCATION**
□ **PRACTICAL NURSING**
□ **PRIVATE ADOPTION**
□ **PRIVATE INVESTIGATORS**
□ **PRIVATE SECURITY**
□ **PUBLIC HOUSING**
□ **PUBLIC TAG AGENT**
☑ **REGISTERED NURSING**
□ **RELIGIOUS ACTIVISTS**
□ **RIVERBOAT PILOTS**
□ **SCHOOL**
□ **SENATE AND GOVERNMENTAL AFFAIRS**
□ **TAXI DRIVERS**
□ **USED MOTOR VEHICLE COMMISSION**
□ **VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS**

**** Please print all but Signature ****

APPLICANTS NAME: _____
LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME (if different)
{Provide any and all '*other*' Last Names held which are not listed above in the bottom margin of this page}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # DATE OF BIRTH:

DRIVERS LICENSE #:_____& STATE _____ RACE _____ SEX ____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, FBI and/or international files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

FORM NBR: CBC – 1a

Authorization for Criminal Background Check (CBC) – Page II

APPLICANT PROCESSING-DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 66613 (MAIL SLIP A-6)

LSPAPPR/R8.03

LOUISIANA STATE BOARD OF NURSING
AGENCY

NOTICE:
PLEASE PRINT OR TYPE INFORMATION, EXCLUDING ADMINISTRATORS OR AUTHORIZED PERSON SIGNATURE. INCOMPLETE FORMS WILL NOT BE PROCESSED.

17373 Perkins Road
MAILING ADDRESS

Baton Rouge **LA** **70810**
CITY STATE ZIP CODE

Provide/print the following information below:

APPLICANT'S FULL NAME (print) DATE OF BIRTH RACE SEX

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: (FOR BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION USE ONLY

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

☐ **RAPSHEET ATTACHED**

☐ **RESPONSE BELOW**

FORM NBR: CBC – 1b

Revised: 2/08, 6/11, 3/12, 2/15

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810
Telephone: (225) 755-7500
Credentialing Fax Number: (225) 755-7581
www.lsbn.state.la.us

REQUEST FOR BLANK FINGERPRINT CARDS

I am required to submit to a Criminal Background Check (CBC) as authorized by the Nurse Practice Act, Louisiana Revised Statutes 37:920.1. I am unable to obtain Federal Bureau of Investigation (FBI) cards from my local law enforcement agency; therefore I am requesting two (2) blank fingerprint cards to be mailed to me by the Louisiana State Board of Nursing (LSBN).

Please indicate the department you will later be submitting an application for Louisiana licensure for this request of blank FBI cards. Check the appropriate box, complete the form below (please PRINT) and fax to the number listed above.

☐ **- RN Licensure by Endorsement** (already licensed as an RN outside of Louisiana)

☐ **- RN or APRN Licensure by Reinstatement** (I held a Louisiana RN or APRN license previously)

☐ **- APRN Licensure by Endorsement or Examination**

Full Name: _____

Mailing Address –

Street: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: _____

Work Phone Number (include extension)**:** _____

Cell Phone Number: _____

E-mail Address: _____

NOTE: ***If applying for initial Louisiana licensure, do <u>not</u> submit your application until you have received and completed the FBI fingerprint cards. Your full CBC packet must accompany your application***. If applying for license reinstatement, refer to instructions and application to determine if a CBC packet is required to accompany your application.