

REQUIREMENTS FOR LICENSURE BY EXAMINATION

GENERAL INFORMATION

- Submit an application for licensure by examination and fee** (cashier's check or money order.) The fee is non-refundable. The application packet may be downloaded from the Minnesota Board of Nursing website.
- Provide evidence you have not engaged in conduct warranting disciplinary action;** if you answer yes to any questions in the Grounds for Denial section of the application, the Board will investigate prior to licensure.
- Submit a completed Confirmation of Program Completion from your nursing program.** If you have completed a Minnesota nursing program, a school official can confirm completion on-line. Non-U.S. educated applicants – see additional requirements.
- Register with Pearson Vue to take the NCLEX®** (National Council Licensure Examination) and pay the required fee.
 - Register on the web at www.pearsonvue.com/nclex
 - Register by phone by calling NCLEX® Candidate Services at 1.866.496.2539
 - Register by mail using the EXAMINATION REGISTRATION FORM in the envelope inside the enclosed EXAMINATION CANDIDATE BULLETIN.
- Send notification to the Board office as soon as possible if any change occurs in your name, address, or other application information after you submit the application.** Submit legal proof of change in name, such as a copy of a marriage certificate or court order.
- Watch for the test service to send your authorization to test (ATT)** by mail or e-mail if you provided an e-mail address. You **MUST** take the ATT with you to the test center.
- Schedule the examination** at one of the testing centers **after** you receive an authorization to test (ATT) from the test service. If you do not take the examination within one year of receipt of your application, your application will be nullified.
- Watch for your license. The Board will mail your license approximately 10 business days after you take the examination.** If you do not pass the examination, you will receive an EXAMINATION RETAKE REQUEST packet and a diagnostic profile to help you understand your performance on the NCLEX® examination.

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS

- Indicate your request for special testing accommodations for the NCLEX®** by completing the Request for Special Accommodations section on the LICENSURE BY EXAMINATION APPLICATION.
- Submit supporting documentation regarding your request for testing accommodations** due to a disability. At a minimum the documentation must include:
 - a letter from an appropriate professional confirming the disability and providing information as to what accommodations are appropriate; **and**
 - a letter from your nursing education program indicating what modifications, if any, were granted by the program.

- List the specific accommodations you are requesting.** Examples of modifications include:
 - separate room
 - recorder
 - reader
 - signer
 - extra time (state **specific** amount of extra time you are requesting.)
- Call NCLEX® Candidate Services** at the telephone number listed in the ATT letter when you are approved for testing with special accommodations and have received your ATT.

ADDITIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN CANADA

- Submit verification of licensure** from the original Canadian province in which you were first licensed and the U.S. jurisdiction in which you were most recently licensed as an RN.
- Submit an official transcript** if you are not or have never been licensed in Canada, from your Canadian nursing education program or a confirmation of program completion.

ADDITIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN A FOREIGN COUNTRY OTHER THAN CANADA

- Submit Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation – Healthcare Profession and Science Course-by-Course Report.** Request CGFNS send the credentials report to the Board. Forms are available on the CGFNS website.
 Commission of Graduates of Foreign Nursing Schools
 3600 Market Street, Suite 400
 Philadelphia, PA 19104-2651 USA
 215.222.8454
 info@cgfns.org (email)
 www.cgfns.org (website)

- Pass an approved English proficiency test:**

Test of English as a Foreign Language (score of 84 with a minimum speaking score of 26 on the TOEFL iBT, or 560 on the written TOEFL or score of 220 on the computerized TOEFL) – unless you graduated from a nursing education program conducted in English and located in an English-speaking country. Request the Education Testing Service to send the TOEFL report to the Board using the Minnesota TOEFL code of 9416.

TOEFL Services
 P.O. Box 6151
 Princeton, NJ 08541 USA
 1.877.863.3546 (inside the United States, US territories and Canada)
 1.609.771.7100 (outside the United States, US territories and Canada)
 toefl@ets.org (email)
 www.ets.org (website)

International English Language Testing System (IELTS overall score of 6.5 with a minimum of 6.0 all modules) – unless you graduated from a nursing education program conducted in English and located in an English-speaking country. Request the International English Language Testing System send the Test Report Form to the Board.

IELTS
 www.ielts.org
 Test Centres and Examiners
 Select Country
 Select City – Search
 Click on More Information (this will provide the contact information)

The Minnesota Board of Nursing application fee is non-refundable. You may want to complete the Credentials Evaluation Service with the Commission on Graduates of Foreign Nursing Schools before applying for licensure with the Board of Nursing. If the Board has not received the Credentials Evaluation

Services Report from CGFNS and a report of a passing score on the TOEFL from ETS within one year of your application, the application will be nullified, and you must apply for licensure and submit a new fee.

USE THE WEB TO CHECK YOUR APPLICATION'S PROGRESS

- Access the Board of Nursing website** at www.nursingboard.state.mn.us
 - Click on "Online Services"
 - Click on "My Services"
 - Establish a user profile by clicking on the new user link.
 - Select "Applicant" as your user type
 - Click "Next" and follow the directions to create a password.
 - Next, log in using your name and password.
 - A screen will appear that lists your personal information with a box indicating your application status as "open licensure by exam."
 - Click on "open licensure by exam." Another screen will appear. As you complete each step of the process, the date for each of the following will display:
 - Application received*
 - Registered with test service*
 - Confirmation of program completion*
 - Authorization to test issued*
 - Date scheduled to take exam*
 - Permit issued*
 - Examination results*
 - License issued*

- Watch for the test service to send your authorization to test (ATT)** by mail or e-mail if you provided an e-mail address. You must take the ATT with you to the test center.

EXAMINATION RESULTS

- Check your examination results:**
 - On the Board of Nursing website. There is no fee for viewing the results on the web. The Board does not provide results over the phone.
 - On the Pearson Vue website at www.pearsonvue.com/nclex. There is a fee for the results on line service.
 - By phone. Pearson Vue provides the phone number with your authorization to test (ATT). There is a fee for the results by phone service.

EXAMINATION RETAKE REQUEST APPLICATION

- Submit the EXAMINATION RETAKE REQUEST** within eight months of the last failed examination. You must retake the examination within one year of the last failed examination or your application will be nullified and you will need to reapply.

- Access the Board of Nursing website to apply to retake the NCLEX®.**
 - Click on "Online Services"
 - Click on "My Services"
 - Establish a user profile by clicking on the new user link and follow the directions. This is not necessary if you already established a user profile.
 - Next, log in using your name and password.

- Watch for the test service to send your authorization to test (ATT)** by mail or e-mail if you provided an e-mail address. You must take the ATT with you to the test center.

IF YOU WISH A TEMPORARY PERMIT TO PRACTICE NURSING PRIOR TO LICENSURE

You may not practice nursing in Minnesota until a license or temporary permit has been issued to you. Temporary permits are not issued to Canadian educated applicants.

- Complete all of the above requirements.**
- Submit an application for permit and permit fee** to the Minnesota Board of Nursing. The permit is valid from the date of issue until the date the board takes action on the application or 60 days, whichever occurs first.

2/8/10

Application fee **\$105.00 U.S.**
 No personal checks
 All Fees are nonrefundable



2829 University Avenue SE #200
 Minneapolis, MN 55414-3252
 (612) 617-2270 – Voice (612) 617-2190 – Fax
 Toll Free (888) 234-2690 (MN, IA, ND, SD, WI)
 (800) 627-3529 – TTY
 Email: nursing.board@state.mn.us
 Website: www.nursingboard.state.mn.us

REGISTERED NURSE LICENSURE BY EXAMINATION APPLICATION

The information and evidence you are asked to provide is authorized by Minnesota Statutes and will be used to determine your qualifications for licensure. The data you supply become part of your permanent file. Until licensure is granted all application data, except name and designated address, are private data and will not be released to anyone other than the Board of Nursing staff and its agents. In the event of any legal proceedings between you and the Board, the information may be disclosed to appropriate judicial authorities or others in accordance with statutes, rules and professional standards. All data, except social security number, becomes public record when licensure is granted. Social security number and Minnesota business identification number will be used by the Minnesota Department of Revenue for tax clearance purposes and by the Board of Nursing as identifiers.

You are legally required to submit true and complete information. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

- Type or print clearly • Use black ink • Provide all information • Incomplete forms are returned • Do not use initials or abbreviations

APPLICANT INFORMATION					
LAST NAME		FIRST NAME		MIDDLE NAME <input type="checkbox"/> No middle name	
MAIDEN NAME		OTHER LAST NAME(S)		PREVIOUS MIDDLE NAME	
STREET ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Business			CITY		
STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	E-MAIL ADDRESS		
BIRTH DATE (Month/Day/Year)	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER <input type="checkbox"/> US <input type="checkbox"/> Canadian <small>[Required by Minn. Stat. 270C.72 (2008)]</small>	PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Business ()	
NAME OF SCHOOL OF NURSING				PROGRAM CODE	
CITY AND STATE OF SCHOOL OF NURSING			DEGREE TYPE <input type="checkbox"/> Associate Degree <input type="checkbox"/> Masters <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Doctorate		
I authorize the release of my exam results to my school of nursing. <input type="checkbox"/> Yes <input type="checkbox"/> No					

GROUNDS FOR DENIAL

Provide a written explanation for every YES response.

1. Have you ever violated a state or federal law or rule relating to the practice of nursing in any state, territory or country?
 Yes No
2. Have you ever violated a state or federal law or rule relating to narcotics or controlled substances or other similar regulations?
 Yes No
3. Have you ever been convicted, entered a plea of guilty, *nolo contendere*, or no contest, for any felony, gross misdemeanor or misdemeanor offense? *NOTE: The fact that a conviction has been pardoned, expunged, dismissed, stayed, or deferred, or that your civil rights have been restored, does not mean that you answer "NO"; you should answer "YES."* Yes No
4. In the last five years, have you ever misused or abused alcohol, other drugs or chemicals or been considered chemically dependent?
 Yes No
5. Have you been fired from a nursing-related job in the last five years due to conduct that may be grounds for disciplinary action under the Nurse Practice Act? Yes No
6. Are you under investigation or are you the subject of any pending or past disciplinary action or have you ever been refused a nursing license or any other occupational license in any state, territory or country? Yes No
7. Do you have any physical or mental disability or illness that may impair your ability to practice nursing with reasonable skill and safety? Yes No **Provide a statement explaining management and treatment.** *NOTE: If you are currently participating in the Health Professionals Services Program (HPSP) for this illness, you may answer "NO" to this question.*
8. Have you ever received notification from the Minnesota Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid? Yes No

(over)

COMPLETION OF EDUCATION INFORMATION

Have you graduated from an RN preparing program?

a. YES. Date of graduation? _____ / _____ / _____
Month Day Year

b. NO. When do you expect to complete all requirements for graduation? _____ / _____ / _____
Month Day Year

REQUEST FOR SPECIAL ACCOMMODATIONS

I request special testing accommodations _____ (Legal Signature)
Refer to the section entitled *REQUEST FOR SPECIAL TESTING ACCOMMODATIONS* in the *REQUIREMENTS FOR LICENSURE BY EXAMINATION*.

List the **specific** accommodations you are requesting. _____

PREVIOUS EXAMINATION OR LICENSURE

- I have completed the credentials evaluation with the Commission on Graduates of Foreign Nursing Schools (CGFNS) and requested CGFNS send the *Healthcare Professions Course-by-Course* report to the Minnesota Board of Nursing.
- I have completed the English proficiency exam and requested TOEFL or IELTS to send the results to the Minnesota Board of Nursing.
- I have submitted my examination form and fee to the NCLEX® test service.
- I have taken the *NCLEX®-RN* or other nurse licensure examination. Indicate state and provide an explanation. _____
- I have held an LPN/LVN license. State _____ License Number _____
- I have held an RN license in another state. State _____ License Number _____
- I have held an RN license in a Canadian province. Province _____ License Number _____

AFFIDAVIT SECTION

To be signed and sworn to in the presence of a notary public.

Subscribed and sworn to before me

this _____ day of _____
Day Month Year

State/Province of _____

County of _____

Signature of Notary Public

Notary Commission Expires _____
Month/Day/Year

Affix **Notary** Seal or Stamp

I affirm that the statements and documents provided by me during the application process are true and correct.

Legal Signature of Applicant



2829 University Avenue SE #200
 Minneapolis, MN 55414-3252
 (612) 617-2270 – Voice (612) 617-2190 – Fax
 Toll Free (888) 234-2690 (MN, IA, ND, SD, WI)
 (800) 627-3529 – TTY
 Email: nursing.board@state.mn.us
 Website: www.nursingboard.state.mn.us

VERIFICATION OF LICENSURE

The information and evidence you are asked to provide is authorized by Minnesota Statutes and will be used to determine your qualifications for licensure. The data you supply become part of your permanent file. Until licensure is granted all application data, except name and designated address, are private data and will not be released to anyone other than the Board of Nursing staff and its agents. In the event of any legal proceedings between you and the Board, the information may be disclosed to appropriate judicial authorities or others in accordance with statutes, rules and professional standards. All data, except social security number, becomes public record when licensure is granted. Social security number and Minnesota business identification number will be used by the Minnesota Department of Revenue for tax clearance purposes and by the Board of Nursing as identifiers.

You are legally required to submit true and complete information. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

INSTRUCTIONS FOR VERIFICATION OF LICENSURE

- Complete **APPLICANT INFORMATION**.
- Contact the licensing authority in the state/province in which you were licensed to determine if there is a fee for verification of licensure.
- Send this form and fee to the state in which you were licensed by examination. In addition, if you were first licensed in Canada by examination, send this form to the Canadian province in which you were licensed.
- Send this form to the state/province that issued the license you are currently using to practice nursing. If this is the same state in which you were licensed by examination, send only one form to the state.

•Type or print clearly •Use black ink •Provide all information •Incomplete applications are returned •Do not use initials or abbreviations

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME <input type="checkbox"/> No middle name	
MAIDEN NAME		OTHER LAST NAME(S)	
CURRENT ADDRESS		CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
ORIGINAL LICENSE NUMBER	ISSUE DATE (Month/Day/Year)	SOCIAL SECURITY NUMBER <small>[Required by Minn. Stat. 270C.72 (2005)]</small>	BIRTH DATE (Month/Day/Year)
NAME OF NURSING SCHOOL (No initials)		CITY/STATE/PROVINCE OF NURSING SCHOOL	
I hereby authorize the _____ licensing authority to furnish the Minnesota Board of Nursing the information requested on the reverse side of this form. State/Province			
LEGAL SIGNATURE OF APPLICANT			DATE (Month/Day/Year)

Reverse side must be completed by Licensing Agency.

THIS SECTION IS FOR LICENSING AGENCY USE ONLY

LICENSURE INFORMATION

LICENSE NUMBER OF NURSE REQUESTING VERIFICATION <input type="checkbox"/> RN <input type="checkbox"/> LPN	DATE ISSUED (Month/Day/Year)
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CURRENT LICENSURE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> LAPSED <input type="checkbox"/> INACTIVE	EXPIRATION DATE (Month/Day/Year)	LICENSED BY <input type="checkbox"/> EXAMINATION <input type="checkbox"/> ENDORSEMENT
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Has this license ever been encumbered in any way? (Revoked, suspended, surrendered, restricted, limited, placed on probation, etc.)

Yes No If yes, attach explanation and copy of the public documents.

NAME OF NURSING EDUCATION PROGRAM COMPLETED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
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CITY/ STATE/PROVINCE OF NURSING PROGRAM	GRADUATION DATE (Month/Day/Year)
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STATE BOARD TEST POOL EXAMINATION						NCLEX®	
Registered Nurse					LPN	RN	LPN
Medical Nursing	Psychiatric Nursing	Obstetrical Nursing	Surgical Nursing	Nursing of Children			
Examination Results							
Series/Form Number							
Examination Date							

I certify that the above information accurately represents the information on file with the Board for the above named nurse.

OFFICIAL SEAL

	Signature
	Title
	State/Province
	Date