

Instructions for Registered Nurse Licensure by Examination

The statutes governing registered nurses are in TCA, Section δ 63-7-103 and δ 63-7-104, <http://www.lexisnexis.com/hottopics/tncode/>

Do not submit application prior to graduation.

Allow six weeks for processing. It is not necessary to call the board to check on the status of your application prior to the six week processing period.

Primary State of Residence

If your primary state of residence* is Tennessee or a non-compact state you may apply in Tennessee for licensure by examination; however, if your primary state of residence* is a compact state other than Tennessee you must apply for licensure by examination in your home state.

**Primary state of residence means the state of a person's declared fixed permanent and principle home for legal purposes; domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return, military form DD2058, state of legal residence certificate or military form DFAS702, leave and earning statement (LES). For a current map of states in the compact, check the following web site: <https://www.ncsbn.org/nurse-licensure-compact.htm>.*

Registration with Pearson Vue to take the Examination

Register with Pearson Vue and pay the \$200.00 fee at www.pearsonvue.com/nclex or by phone at 866-496-2539 two (2) weeks prior to graduation. The applicant's name registered with Pearson Vue and acceptable identification must match exactly.

The Authorization to Test (ATT) from Pearson Vue cannot be issued until after the diploma/degree has been awarded and the complete application has been received and reviewed by the Board. The testing service fee must be paid before the applicant will be made eligible to test. Testing must occur within the Test Validity Dates on the ATT. The candidate bulletin is available online at www.pearsonvue.com/nclex.

Complete Application

- a. Attach one (1) passport photograph signed and dated on the front by the applicant and the Dean/Director of the school of nursing. The date must be no more than 6 months prior to date of application. Sign legal name legibly. Do not conceal the face. Note: Snapshots are not acceptable.
- b. Request an official transcript be mailed directly from the educational institution to the Board of Nursing.
- c. A criminal background check is required (see next page).
- d. Declaration of Citizenship form: complete, sign, have notarized and submit with required documentation. The form is online at: <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf>.

Additional information, if applicable:

Testing accommodations: must be approved for special testing accommodations before the ATT can be issued.

- Letter from applicant requesting type of accommodations needed. Specify extra time: 2 or 3 hour(s), or double time, separate room, reader or other;
- Letter of diagnosis from qualified medical professional including results of diagnostic testing and recommendations and if applicable includes DSM Code;
- Letter from Dean/Director of your nursing program indicating what accommodations were granted while in school. Specify extra time: 2 or 3 hour(s), or double time, separate room, reader or other.

International Graduates:

- Request the Commission on Graduates of Foreign Nursing School (CGFNS) directly send a copy of the certificate.

Previous exam failures outside of Tennessee:

- If you have failed an exam in another state, attach candidate performance report(s).

If the application is not complete upon receipt by the Board, you will be notified of the deficiency.

INSTRUCTIONS TO REGISTER APPLICANTS FOR CRIMINAL BACKGROUND CHECK

The Board suggests that all applicants start the criminal background process about 6 weeks prior to graduation. Electronic fingerprints are normally received by the Tennessee Health Related Boards within 8-10 business days.

There are **(2)** ways that applicants may register for the fingerprinting process:

a) Call toll-free at **(855) 226-2937**;

b) Register online at <https://www.identogo.com/> and click on the map of Tennessee. To begin registration, click [Online Scheduling](#). Applicant may register, schedule, and make payment at this web site.

Regardless of how an applicant registers, the following information must be provided and/or verified:

Agency Name	Department of Health Licensure and Regulation
Applicant Type	Bureau of Health Licensure
OCA#	RN applicant enter (1703) or LPN applicant enter (1704)
Payment Type	Applicant Credit Card/Applicant Money Order/or Cashier's Check
ORI#	TN 920390Z

Online registration is preferred for ALL applicants to insure the quality of the data collected. Online registration is faster and may be completed 24 hours a day, 7 days a week.

Payment for electronic fingerprinting is **\$32.65**.

A money order or cashier's check made out to IdentoGO is accepted at the fingerprinting sites. **CASH and PERSONAL CHECKS** are **NOT** accepted.

Applicants must schedule an appointment to be fingerprinted at an IdentoGO site in TN at the time of registration. Before registration is complete, applicants will be asked to check and confirm information is correct and will need to **print a copy** of the **registration completion page** to take to the fingerprinting site.

The enrollment officer at the site will check your valid state or federal government issued photo identification, verify your information, verify or collect payment, capture your fingerprints, and submit your data to the Tennessee Bureau of Investigation (TBI).

*If you are unable to keep your appointment or miss your appointment, you MUST contact IdentoGO; you may have to reregister and repay.

Professional Passport
Photograph
Not to exceed
2" x 2"

Paperclip photograph to
application signed by Director
and Applicant on front and dated

Applicant must sign, legal
name



Department of Health
Division of Health Licensure and Regulation
Tennessee Board of Nursing
665 Mainstream Drive, Second Floor
Nashville, Tennessee 37243

FEES ARE NON REFUNDABLE

1703 001 - \$90.00
006 - \$10.00

Application for Licensure as a Registered Professional Nurse by Examination

Print Legal Name (use ink): _____
LAST FIRST MIDDLE MAIDEN

List any other names by which you have been known: _____

Social Security Number: _____ Telephone Number: (____) _____
Your social security number may be used to verify your identity and for any other purpose allowed by state or federal law.

U.S. Citizen Yes No Entitled to Live and Work in the U.S. Yes No

Date of Birth: _____ Gender: Female Male

Ethnic Group: White Black Native American Indian Asian Hispanic Other, Specify _____

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by
opting in, all correspondence from the Department of Health will be delivered to the email address on file. You will no longer
receive physical mail from our office. Yes No Email address: _____
(Print legibly)

Mailing Address: _____
(Street/PO Box/Route) (City/State/Zip)

Street Address: _____
(Required if Mailing Address is a PO Box) (Street) (City/State/Zip)

PRIMARY STATE OF RESIDENCE

I declare that my primary state of residence is _____. This state is referred to as my home state
under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes
and is my domicile.

**The following items may be requested as proof of primary state of residence: driver's license, voter registration card,
federal income tax return, military form DD2058, state of legal residence certificate or military form DFAS702, leave and
earning statement (LES).**

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received
any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve
component of the armed forces? (If yes, provide proof of status) Yes No

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has,
within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from
the armed forces or been released from active duty to a reserve component? (If yes, provide proof of status) Yes No

Did you graduate from high school or do you have a G.E.D. equivalency certificate? Yes No

Nursing Education:
Degree Associate Diploma Baccalaureate Master

College/University/School of Nursing _____

Location: _____
City State

Enrollment Date: _____ Completion Date: _____ Graduation or Anticipated Graduation Date: _____
mm/dd/yyyy mm/dd/yyyy mm/aa/yyyy

Have you ever taken the National Council Licensure Examination (NCLEX-RN)? Yes No

If yes, please identify states: _____

Have you previously applied for a registered nurse license in Tennessee? Yes No

Are you or have you ever been licensed as a registered nurse in another state? Yes No

If yes, identify name as licensed, state and license number: _____

Are you or have you ever been licensed in any other profession in Tennessee or another state? Yes No

If yes, identify profession, name as licensed, state, license number and status: _____

Definitions for Fitness and Competency Questions

1. "Ability to practice your profession" is to be construed to include all of the following:

a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;

b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.

2. "Medical Condition" includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.

3. "Minor Traffic Offense" generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.

4. "Chemical substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

5. "Currently" does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.

6. "Illegal use of illicit or controlled substances" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

Fitness and Competency Questions

1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? Yes No

If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.

2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No If yes, please list: _____

3. At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances? Yes No

4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances? Yes No

5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature? Yes No

6. Have you ever held or applied for a license, privilege, registration or certificate to practice as a registered nurse in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? Yes No

7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? Yes No

8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? Yes No

9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? Yes No

10. Have you ever been rejected or censured by a professional association or society? Yes No

11. In relation to the performance of your professional services in any profession:

- Have you ever had a final judgment rendered against you;
- Have you ever entered into any settlement of any legal action; or
- Are there any legal actions pending against you or to which you are a party?

Yes No

12. Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? Yes No

13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state). Yes No

If you answered "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. In support of your explanation, the board orders from the issuing states, the certified arresting document (warrant), judgment (disposition), and release from judgment (receipt of payment of fines, letter of release from probation, etc.) from the court (clerk's office), and/or agencies must be submitted along with this application. Additional information may be requested and/or required before a licensure decision may be made.

I, being duly sworn and identified as the person referred to in this application, attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Registered Nurse in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Registered Nurse.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

Signature

Date

FOR OFFICE USE ONLY

NAME: _____

LICENSE NUMBER: _____ DATE ISSUED: _____

NATIONAL COUNCIL LICENSURE EXAMINATION RESULTS

	DATE	RESULTS		DATE	RESULTS
1 ST EXAM			8 TH EXAM		
2 ND EXAM			9 TH EXAM		
3 RD EXAM			10 TH EXAM		
4 TH EXAM			11 TH EXAM		
5 TH EXAM			12 TH EXAM		
6 TH EXAM			13 TH EXAM		
7 TH EXAM			14 TH EXAM		



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243**

**DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE**

Pursuant to T.C.A. § 4-58-101 et seq, the Eligibility Verification for Entitlements Act (also known as the "SAVE Act") requires the Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print)
License number if applicable

Please Print Legibly

1. Name: _____
Last
First
Middle
Maiden
2. Mailing Address: _____
3. Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____
4. I am a United States Citizen: Yes No
5. I am a foreign national not physically present in the United States Yes No. If you answered yes to this question, please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by the Tennessee Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Tennessee Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not qualify.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s e-i above.
 - k) An SSN that is verifiable with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4, please indicate from the list below which category applies to you: (circle one)
 - a) Permanent Resident
 - b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158.
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157.
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980.
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

.....
ALL APPLICANTS MUST SIGN AND HAVE NOTARIZED

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20____.

 Signature

Sworn to before me this _____ day of _____, 20____.

 NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status, state governmental entities and local health departments must also file a criminal complaint with the Office of the Attorney General and/ or the United State Attorney.