

# RN/LPN NEW GRAD

## EXAM APPLICATION INSTRUCTIONS

☐ **Fingerprint Criminal Background Check:**

<https://tn.ibtfingerprint.com/workflow/28TYXY>

(OCA codes: RN—1703; LPN—1704)

Can be completed as early as 6 weeks prior to graduation

☐ **Apply to the Tennessee Board of Nursing:**

<https://lars.tn.gov/datamart/mainMenu.do>

Can be completed as early as 4 weeks prior to graduation

☐ **Register/Pay Pearson VUE:**

<http://www.pearsonvue.com/nclex/>

Can be completed as early as 2 weeks prior to graduation

☐ **Request official transcript**

Transcripts **MUST** be issued to the Board directly from school after the degree has been conferred. Please check with your school for the process.

**UPLOAD DOCUMENTS with Application\*:** in PDF format:

☐ **Declaration of Citizenship**

<https://www.tn.gov/content/dam/tn/health/healthprofboards/P H-41833.pdf>

The form must be complete, signed (digital signature is not accepted), and notarized. All pages must be uploaded to include any required documents.

☐ **Current unexpired driver's license**

Tennessee driver's license is required to be eligible for multistate licensure.

**Application processing time is 4-6 weeks from when the Board receives a completed application. "Completed application" means an application that satisfies all statutory and board rule requirements. During the review if a deficiency is found, Board Staff will send notifications via email. It is not necessary to call the board to check the status of your application.**

## **Request for NCLEX Testing Accommodations:**

Any applicant requesting testing accommodations must complete the following.

### **UPLOAD all the following as one file in PDF format under File Attachments:**

- ☐ Signed and dated letter from the applicant. The letter must describe the accommodation(s) you are requesting and describe the accommodation(s) granted to you during the nursing program.
- ☐ Signed and dated letter from the treating healthcare provider; this must be on the letterhead stationery of the healthcare provider. The letter must describe the assessment of the applicant's need for accommodations, diagnosis including ICD Code, limitations related to testing, and specific recommended accommodation(s). Results of appropriate diagnostic testing must also be submitted.
- ☐ Signed and dated letter from the Dean/Director of the nursing program; this must be on the letterhead stationery of the University/School. The letter must describe the accommodation(s) granted to you during the nursing program.

To make necessary arrangements to accommodate your needs, all requests and supporting documentation listed above **must** be submitted. Board Staff **must review and approve** all accommodations before the ATT can be issued.

All requests will be considered on a case-by-case basis. It may be necessary for Board Staff to communicate with you regarding the specific request, please ensure you provided your current phone number and email address when you submitted your online application.

## **History of Crime:**

Any applicant who has ever been fingerprinted/arrested or convicted of a crime must complete the following.

### **UPLOAD all the following as one file in PDF format under File Attachments:**

- ☐ Signed and dated letter from the applicant. The letter must include details of the arrest(s), judgement(s), and completion of any judgement(s).
- ☐ Certified copy of records from the applicable agency. The documents must include the arresting document (warrant), the judgment (disposition), and sentencing completion documents (receipt of payment of fines, letter of completion of probation).