Fee **$50.00 U.S.** All fees are nonrefundable

BOARD OF NURSING

1210 Northland Drive #120, Mendota Heights, MN 55120
Voice: 612-317-3000 | Fax: 651-688-1841 |TTY: 800-627-3529
Toll Free (MN, IA, ND, SD, WI): 888-234-2690
Email: nursing.board@state.mn.us
Website: www.nursingboard.state.mn.us

BORDER STATE LICENSE RECOGNITION REPORT OF EMPLOYMENT

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine your eligibility to practice in Minnesota under a licensure privilege; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements. Minnesota Statute Sec. 270C.72 requires applicants to provide their Social Security number and Minnesota business identification number on all license applications. All data submitted on the application, except social security number and responses to the eligibility questions, is public. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in the Board's refusal to add you to the border state registry and you will not be authorized to practice nursing in Minnesota. 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 reports will be returned** • **Do not use initials or abbreviations**

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME ☐ No middle name
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER ☐ Home ☐ Business ( )

STREET ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

E-MAIL ADDRESS	BIRTH DATE (mm/dd/yyyy)	GENDER ☐ Male ☐ Female

UNITED STATES SOCIAL SECURITY NUMBER Required by Minn. Stat. Sec. 270C.72	☐ I do not have a US Social Security number at this time but will notify the Board if/when I obtain a US Social Security number
_ _ _ - _ _ - _ _ _ _	

NAME OF SCHOOL OF NURSING	GRADUATION DATE (mm/dd/yyyy)
CITY/STATE/COUNTRY OF SCHOOL OF NURSING	TYPE OF PROGRAM ☐ RN ☐ LPN

ELIGIBILITY INFORMATION

Provide an explanation for every *Yes* response to questions 1-3

BORDER STATE IN WHICH CURRENTLY LICENSED	LICENSE TYPE ☐ RN ☐ LPN	LICENSE NUMBER	EXPIRATION DATE (mm/dd/yyyy)

1.	☐ Yes ☐ No	Do you have, or have you ever had, an adverse action on your nursing license in the border state indicated above?
2.	☐ Yes ☐ No	Are you participating in an alternative or diversion program?
3.	☐ Yes ☐ No	Have you ever been refused a license to practice in nursing in Minnesota?
4.	☐ Yes ☐ No	Have you ever been licensed as a licensed practical nurse in Minnesota? If yes, Minnesota license number ______________________
5.	☐ Yes ☐ No	Have you ever been licensed as a registered nurse in Minnesota? If yes, Minnesota license number ______________________

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MINNESOTA NURSING PRACTICE USING BORDER STATE RECOGNITION			
NAME OF HEALTH CARE FACILITY			
NAME OF DIRECTOR OF NURSING OF HEALTH CARE FACILITY			
ADDRESS OF HEALTH CARE FACILITY	CITY	STATE	ZIP CODE
PHONE NUMBER OF HEALTH CARE FACILITY	E-MAIL ADDRESS		
TYPE OF INSTITUTION ☐ Hospital ☐ Clinic ☐ Prepaid Medical Plan ☐ Nursing Home ☐ Other ________________	START DATE (Month/Day/Year)	PRACTICING AS ☐ RN ☐ LPN	

☐ **ATTACH A COPY OF CURRENT LICENSE FROM BORDER STATE.**

LEGAL SIGNATURE	DATE (mm/dd/yyyy)

Mail completed form and fee to Minnesota Board of Nursing.
We do not accept faxed or emailed forms.

- You must receive a confirmation letter or email from the Minnesota Board of Nursing that your license is recognized and you have been placed on the Border State Registry before you begin work at the Minnesota facility.
- You must submit this form and fee to the Minnesota Board of Nursing each time you change employment.
- You must submit this form to the Minnesota Board of Nursing each time you renew your border state nursing license.
- You must inform the Board any time there is a change in your border state nursing license status.

See *Border State License Recognition Fact Sheet* on the Board's website for more information.