LICENSURE BY EXAMINATION APPLICATION INSTRUCTIONS

GENERAL INFORMATION

☐ Submit an application for licensure by examination and fees. The application fee is $105.00 and the Criminal Background Check fee is $33.25. The total due is $138.25 in the form of a money order or cashier’s check made payable to the Minnesota Board of Nursing. Fees are 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.

☐ Watch for the Criminal Background Check program office to send you a fingerprint packet by email. Follow the instructions and submit your fingerprints as soon as possible.

☐ 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. Paper forms must be submitted to the Board directly from the Nursing Program.

☐ 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

☐ 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 e-mail. To gain access to the NCLEX, you will be required to present one form of acceptable identification. The first and last name on your identification must match exactly the name you provided when registering.

☐ Schedule the examination at one of the testing centers after you receive an authorization to test (ATT) from the test service. The ATT is valid for 90 days. If you do not take the examination within one year of receipt of your application, your application with the Board, will be nullified. If you do not take the examination within 90 days of receipt of your ATT, your registration with Pearson Vue will no longer be valid.

☐ 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.

ADDITIONAL REQUIREMENTS FOR APPLICANTS WHO COMPLETED A NURSING PROGRAM MORE THAN FIVE YEARS AGO

☐ Complete a Review Course. If it has been five years or more since you completed either a professional or practical nursing program, or if you have not successfully passed the NCLEX® within 5 years of completing your professional or practical nursing program, you are required to complete a Review Course before taking the NCLEX®. The review course must be completed after the Board has received your most recent licensure by exam or exam retake application. Information about this requirement is available on the Board’s website.

(over)
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 the Disability Services department of your school 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 form.

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

☐ Submit a Credentials Evaluation Report. A nursing education program determined to be equivalent to the education required in the same type of nursing education programs in the United States as evaluated by a credentials evaluation service.
  • Commission on Graduates of Foreign Nursing Schools (CGFNS) - Credentials Evaluation Service (CES) Professional 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
    1.215.222.8454
    info@cgfns.org (email)
    www.cgfns.org (website)
  
  • International Education Research Foundation (IERF) – Nursing Licensure Evaluation. Request IERF send the Nursing Licensure Evaluation Report to the Board. Forms are available on the IERF website.
    International Education Research Foundation
    PO Box 3665
    Culver City, CA 90230
    www.iern.org
    email: info@ierf.org
    1.310.258.9451 ext. 211

☐ Pass an approved English proficiency test. Unless you graduated from a nursing education program conducted in English and located in an English-speaking country.
• **Test of English as a Foreign Language** (score of 84 with a minimum speaking score of 26 on the TOEFL iBT.) 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 Academic overall score of 6.5 with a minimum of 6.0 all modules). Request the International English Language Testing System send the Academic 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)

**Countries exempt from English proficiency or English testing requirements:**
The Board determines who may provide an acceptable credentials evaluation and the two acceptable services, CGFNS and IERF, have determined the following to be countries exempt from English proficiency or English testing requirements, if their entry-level professional education (with language of textbooks and verbal instructions in English) was from the following countries:

- Australia
- Barbados
- Canada (except Quebec, the only schools approved for exemption are: McGill University, Dawson College, Vanier college, John Abbott College, and Heritage College)
- Ireland
- Jamaica
- New Zealand
- South Africa
- Trinidad and Tobago
- United Kingdom (England, Scotland, Wales & Northern Ireland)
- United States

Applicants from any other country must pass an English speaking proficiency exam.

The Minnesota Board of Nursing application fee is non-refundable. You may want to complete the credentials evaluation and English proficiency exam before applying for licensure with the Board of Nursing. If the Board has not received the credentials evaluation and a report of a passing score on the English proficiency exam within one year of your application, the application will be nullified, and you must apply for licensure and submit a new fee.

**CHECK THE PROGRESS OF YOUR APPLICATION**

- Access the Board of Nursing website at [www.nursingboard.state.mn.us](http://www.nursingboard.state.mn.us)
  - Click on “Online Services” (located below the mission statement under “Licensees”)
  - All users must register to access the site and create a new online account. *(Exception: if you have created a login after May 8, 2017, you have already registered to our new site.)*
  - Click on “Register to Access Site” (located below the login area)
  - Enter “Applicant”
  - Click “Next” and follow the prompts to create a password
  - Click “Next” and follow the prompts to complete the New Account Detail
  - Click “Finish”
• Enter the Username and Password you just created and click “Login”
• A screen will appear with tabs on the right side indicating current open applications and your profile view
• Click on the application you would like to review *(if more than one is open)*
• Review the checklist of requirements on the bottom of this page to see which items are still open
• Note: a button may appear on the bottom of the screen if you have options available to you – for example “Apply for Exam Retake”
• Refer back to the main website at www.nursingboard.state.mn.us for instructions and forms for any items that are still open
  o Click on the Licensure Tab
  o Click on Apply for a License and choose your license type
  o Click on applicable packet under “Apply using downloadable forms” for forms and instructions

☐ **Contact the Criminal Background Check program office for any questions** related to fingerprinting and your Criminal Background Checks. Criminal.Background.Check@state.mn.us or 1.651.201.2822

**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 online results service.
  • By phone. Pearson Vue provides the phone number with your authorization to test (ATT). There is a fee for the phone results 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 at www.nursingboard.state.mn.us to apply to retake the NCLEX®.**
  • If you have not registered to access the site, register and follow the prompts.
  • If you have registered with the site, log in and apply for licensure retake.

☐ **Watch for the test service to send your authorization to test (ATT)** by e-mail. To gain access to the NCLEX, you will be required to present one form of acceptable identification. The first and last name on your identification must match exactly the name you provided when registering. The ATT is valid for 90 days.

Revised 7/19
LICENSED PRACTICAL NURSE LICENSURE BY EXAMINATION APPLICATION

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 and/or qualifications for the license for which you are applying; 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.

Until you are issued a license, all data submitted on the application, except your name and address, are considered private data and will not be released to anyone other than Board of Nursing staff and its agents. When you become licensed, all data submitted on the application, except social security number, requests for special accommodations, and responses to grounds for denial questions, becomes public record. 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 denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

**APPLICANT INFORMATION**

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<th>MIDDLE NAME</th>
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<th>I certify that I am not currently in the workforce related to my practice and I don’t have a business address related to my practice.</th>
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**COMPLETION OF EDUCATION INFORMATION**

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<th>Yes</th>
<th>No</th>
<th>I authorize the release of my exam results to my school of nursing.</th>
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<th>Have you graduated from an LPN preparing program?</th>
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<th>Have you graduated from an LPN preparing program?</th>
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| No | When do you expect to complete all requirements for graduation (mm/dd/yyyy): _____ / _____ / ______ |

-over-
### PREVIOUS EXAMINATION OR LICENSURE

- **Yes** ☐  **No** ☐ I have completed the credentials evaluation with the Commission on Graduates of Foreign Nursing Schools (CGFNS) and requested CGFNS send the CES Professional report to the Minnesota Board of Nursing.
- **Yes** ☐  **No** ☐ I have completed the English proficiency exam and requested TOEFL or IELTS to send the results to the Minnesota Board of Nursing.
- **Yes** ☐  **No** ☐ I have submitted my examination form and fee to the NCLEX test service.
- **Yes** ☐  **No** ☐ I have taken the NCLEX®-LPN or other nurse licensure examination. Indicate state and provide an explanation:
  - [ ] ____________ State:  
  - [ ] ____________ License Number: 
- **Yes** ☐  **No** ☐ I have held an RN license.  
  - [ ] ____________ State:  
  - [ ] ____________ License Number: 
- **Yes** ☐  **No** ☐ I have held an LPN/LVN license in another state.  
  - [ ] ____________ State:  
  - [ ] ____________ License Number: 
- **Yes** ☐  **No** ☐ I have held an LPN/LVN license in a Canadian province.  
  - [ ] ____________ Province:  
  - [ ] ____________ License Number: 

### 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:

- ____________________________________________________________
- ____________________________________________________________

### GROUNDS FOR DENIAL

Provide a written explanation for every **YES** response.

1. **Yes** ☐  **No** ☐ Have you ever violated a state or federal law or rule relating to the practice of nursing in any state, territory or county?
2. **Yes** ☐  **No** ☐ Have you ever violated a state or federal rule relating to narcotics or controlled substances or other similar regulations?
3. **Yes** ☐  **No** ☐ 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, dismissed, stayed, or deferred, or that your civil rights have been restored, does not mean that you answer “NO”; you should answer “YES.”
4. **Yes** ☐  **No** ☐ In the last five years, have you ever misused or abused alcohol, other drugs or chemicals or been considered chemically dependent?
5. **Yes** ☐  **No** ☐ 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?
6. **Yes** ☐  **No** ☐ 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?
7. **Yes** ☐  **No** ☐ Do you have any physical or mental disability or illness that may impair your ability to practice nursing with reasonable skill and safety? **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. **Yes** ☐  **No** ☐ 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?

A criminal background check is required for licensure. The fee for this service is $33.25 which is paid in addition to the $105.00 application fee. The Criminal Background Check Program office will send a fingerprint packet and instructions to you by email.

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

**Legal Signature of Applicant** ________________________________  
**Date** ____________

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NB-00017-27  
Return completed form and nonrefundable fee in U.S. funds to Minnesota Board of Nursing  
5/19
CONFIRMATION OF PROGRAM COMPLETION FOR LICENSURE BY EXAMINATION

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 and/or qualifications for the license for which you are applying; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements.

Until you are issued a license, all data submitted on the application, except your name and address, are considered private data and will not be released to anyone other than Board of Nursing staff and its agents. When you become licensed, all data submitted on the application become public record. 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 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 will be returned
- Do not use initials or abbreviations

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<th>AFFIDAVIT SECTION</th>
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<th>SCHOOL OFFICIAL: Complete Affidavit Section after the above named applicant has fulfilled all the requirements of the nursing program and is eligible for graduation.</th>
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<td>Is approval of the nursing program required by the Board of Nursing?</td>
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<td>Yes ☐ No ☐</td>
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<td>Name of the Board of Nursing granting program approval ____________</td>
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<td>NAME OF SCHOOL OF NURSING (Complete name of institution)</td>
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The undersigned does hereby affirm that the information provided is true and correct.

________________________________________
Signature of School Official

Affix School Seal or Stamp

Title (Dean, Program Director, or Institutional Registrar)

SCHOOL OFFICIAL: Return completed form to Minnesota Board of Nursing. This form must be sent to the Board directly from the Nursing Program.