



## 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](http://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.

### **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.ierf.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](http://www.nursingboard.state.mn.us) for instructions and forms for any items that are still open
  - Click on the Licensure Tab
  - Click on Apply for a License and choose your license type
  - 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](mailto: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](http://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](http://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



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

## REGISTERED 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.

- Type or print clearly
- Use black ink
- Provide all information
- Incomplete forms will be 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)			PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Business (    )		
STREET ADDRESS								
CITY			STATE/PROVINCE		ZIP/POSTAL CODE		COUNTRY	
E-MAIL ADDRESS					BIRTH DATE (mm/dd/yyyy)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
UNITED STATES SOCIAL SECURITY NUMBER Required by Minn. Stat. Sec. 270C.72				<input type="checkbox"/> 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			MINNESOTA BUSINESS IDENTIFICATION NUMBER Required by Minn. Stat. Sec. 270C.72	
			-					

BUSINESS ADDRESS: Minn. Stat. Sec. 214.073 requires licensees to provide their primary business address (if employed as a nurse) at the time of initial application and all renewals. Your license will not be issued unless you provide it or check the box below certifying that you are not currently in the workforce related to your practice.

BUSINESS NAME (if employed as a nurse)		
STREET ADDRESS		
CITY		STATE/PROVINCE
ZIP/POSTAL CODE		

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.

### COMPLETION OF EDUCATION INFORMATION

NAME OF SCHOOL OF NURSING			PROGRAM CODE		
CITY AND STATE OF SCHOOL OF NURSING		COUNTRY	DEGREE TYPE		<input type="checkbox"/> Diploma
			<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Masters	
			<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Doctorate	

Yes  No I authorize the release of my exam results to my school of nursing.

Have you graduated from an RN preparing program?

Yes Graduation Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

No When do you expect to complete all requirements for graduation (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PREVIOUS EXAMINATION OR LICENSURE**

<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed the English proficiency exam and requested TOEFL or IELTS to send the results to the Minnesota Board of Nursing.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have submitted my examination form and fee to the NCLEX® test service.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have taken the NCLEX®-RN or other nurse licensure examination. Indicate state and provide an explanation:
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have held an LPN license. State: _____ License Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have held an RN license in another state. State: _____ License Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have held an RN 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:

\_\_\_\_\_

\_\_\_\_\_

**GROUND FOR DENIAL**

Provide a written explanation for every YES response.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever violated a state or federal rule relating to narcotics or controlled substances or other similar regulations?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last five years, have you ever misused or abused alcohol, other drugs or chemicals or been considered chemically dependent?
5.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any physical or mental disability or illness that may impair your ability to practice nursing with reasonable skill and safety? <b>Provide a statement explaining management and treatment.</b> NOTE: If you are currently participating in the Health Professionals Services Program (HPSP) for this illness, you may answer "NO" to this question
8.	<input type="checkbox"/> Yes <input type="checkbox"/> 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** \_\_\_\_\_



VERIFICATION OF LICENSURE

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 and responses to grounds for denial questions, 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.

INSTRUCTIONS FOR VERIFICATION OF LICENSURE

- Complete APPLICANT INFORMATION.
Submit verification from the state in which you were first licensed. If that state processes their verifications through Nursys, you must verify licensure through www.nursys.com.
Submit verification from the state in which you are currently practicing nursing. If this is the same state in which you were licensed by examination, submit only one verification.

Type or print clearly • Use black ink • Provide all information • Incomplete applications will be returned • Do not use initials or abbreviation

Form with sections: APPLICANT INFORMATION, UNITED STATES SOCIAL SECURITY NUMBER, ORIGINAL LICENSE NUMBER, NAME OF NURSING SCHOOL, LEGAL SIGNATURE OF APPLICANT, DATE.

↓ **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 (mm/dd/yyyy):
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CURRENT LICENSURE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> LASED <input type="checkbox"/> INACTIVE	EXPIRATION DATE (mm/dd/yyyy):	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 (mm/dd/yyyy):
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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.

\_\_\_\_\_  
Signature

**OFFICIAL SEAL**

\_\_\_\_\_  
Title

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Date (mm/dd/yyyy)

Return the completed form to Minnesota Board of Nursing





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

APPLICANT INFORMATION
LAST NAME FIRST NAME MIDDLE NAME
MAIDEN NAME OTHER LAST NAME(S) PHONE NUMBER
STREET ADDRESS
CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY
E-MAIL ADDRESS BIRTH DATE GENDER
COMPLETION DATE NAME OF SCHOOL OF NURSING CITY, STATE/PROVINCE OF SCHOOL OF NURSING

AFFIDAVIT SECTION
This Section for School Use Only - Applicant: Do Not Write Below This Line

SCHOOL OFFICIAL: Complete Affidavit Section after the above named applicant has fulfilled all the requirements of the nursing program and is eligible for graduation.

Is approval of the nursing program required by the Board of Nursing?
PROGRAM TYPE (check one)
Name of the Board of Nursing granting program approval

NAME OF SCHOOL OF NURSING (Complete name of institution)
COMPLETION DATE (mm/dd/yyyy):

STREET ADDRESS
CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

The undersigned does hereby affirm that the information provided is true and correct.
Signature of School Official
Title (Dean, Program Director, or Institutional Registrar)
Affix School Seal or Stamp

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