New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430
www.NJConsumerAffairs.gov/nursing

Checklist for Endorsement
Licensed Practical Nurse/ Registered Professional Nurse

Name of Applicant _____

Social Security Number _____-_____-_____

_____ I have read the application instructions.
_____ Official Application for Licensure by Endorsement (Please make sure all of the questions are answered.)
_____ Original 2" x 2" color passport photo. (Photocopies are not acceptable.)
_____ All required signatures are complete. (Question 6, page 2, question 7, page 3, Affidavit, page 7)
_____ Notarized Affidavit
_____ Supporting court documents (if applicable, refer to questions 10-18 on the application, and question 6 on the Certification and Authorization form.)
_____ Birth certificate (English translation, if applicable.)
_____ Immigration documentation (if applicable, see page 2 for details.)
_____ Name change certificates (if applicable)
_____ Certification and Authorization Form for a Criminal History Background Check (Make sure you sign and date page 2.)
_____ New Jersey fingerprint card (black, if applicable)
_____ F.B.I. fingerprint card (blue, if applicable)
_____ MorphoTrust universal form (boxes 1-18 are completed, if applicable)
_____ I have arranged for license verifications to be sent for all other states of licensure. (If they are not available on Nursys.)
_____ All required fees are included (application and surcharge fees ($200.00), made payable to the New Jersey Board of Nursing; fingerprinting fee made payable to MorphoTrust, if applicable).

I have completed all of the checklist items above.

_____
(Signature of Applicant)

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www.njconsumeraffairs.gov/nur/Pages/default.aspx

INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT IN NEW JERSEY

Please read the following information carefully before completing a **paper application** for licensure by endorsement.

If you previously held a nursing license in New Jersey, DO NOT complete an endorsement application. You must contact the Renewal/Reinstatement Department in order to complete the Application for Reinstatement.

1. Check the type of license for which you are applying. Answer ALL of the questions.

2. Attach a clear, full-face original passport photograph (2" x 2") of your head and shoulders taken within the past six months. Sign your name on the back of the picture. (Photocopies and selfies are not acceptable.)

3. Complete the application and sign it in the presence of a notary public. (Questions 6, page 2, and 7, page 3, and the Affidavit, Page 7).

4. If you are a U.S.-born citizen, please submit a copy of your birth certificate or U.S. passport.

5. If you are a naturalized U.S. citizen, please submit a copy of your U.S. passport or certificate of naturalization.

6. If you are a legal alien or other immigration status, please submit your USCIS immigration documents. (Submit a copy of both the front and the back of your card.)

7. Submit proof of a legal name change (i.e., marriage license, divorce decree, court order, if applicable) if your name differs from that on your birth certificate.

8. Complete the Certification and Authorization form for a criminal history background check.

9. If you live outside the metropolitan New Jersey area, please go to: www.njconsumeraffairs.gov/nur/Pages/Fingerprint-Request.aspx and request fingerprint cards. Complete the Morpho Trust universal form and two (2) fingerprint cards, one black (New Jersey), and one blue (F.B.I.). Submit a check or money order in the amount of $58.69 made payable to Morpho Trust.

10. If you live in the metropolitan New Jersey area, you will receive digital fingerprint information via regular mail. Please schedule your appointment as soon as possible.

11. Submit criminal history documents (if applicable).

12. Provide written verification of licensure in good standing from the state in which you were originally licensed, or are currently licensed, and from every state in which you have ever been licensed. The verification shall be forwarded directly to the New Jersey Board of Nursing from the applicable state board(s), if those state(s) are not listed on the NURSYS License Verification Form.

13. Submit a personal check or money order in the amount of $200.00 made payable to the New Jersey Board of Nursing. ($120.00 license fee, $75.00 nonrefundable application fee, and $5.00 mandatory nonrefundable Alternative to Discipline fee.)

14. Submit the completed "Checklist for Endorsement," with your signature on the bottom.

ONLINE APPLICATION INSTRUCTIONS

1. Go to www.njconsumeraffairs.gov/Pages/onlinelicenses.aspx and submit an online application with payment made by credit card. ($120.00 license fee, $75.00 nonrefundable application fee, and $5.00 mandatory nonrefundable Alternative to Discipline fee.) **Print your receipt.**

2. Submit a clear, full-face original passport photograph (2" x 2") of your head and shoulders taken within the past six months. Sign your name on the back of the picture. (Photocopies and selfies are not acceptable.)

3. If you are a U.S.-born citizen, please submit a copy of your birth certificate or U.S. passport.

4. If you are a naturalized U.S. citizen, please submit a copy of your U.S. passport or certificate of naturalization.

5. If you are a legal alien or other immigration status, please submit your USCIS immigration documents. (Submit a copy of both the front and the back of your card.)

6. Submit proof of a legal name change (i.e., marriage license, divorce decree, court order, if applicable) if your name differs from that on your birth certificate.

7. Carefully read and check the attestation at the end of the application granting the Board authorization to conduct a criminal history background check.

8. If you live outside the metropolitan New Jersey area, please go to: www.njconsumeraffairs.gov/nur/Pages/Fingerprint-Request.aspx and request fingerprint cards. Complete the Morpho Trust universal form and two (2) fingerprint cards, one black (New Jersey), and one blue (F.B.I.). Submit a check or money order in the amount of $58.69 made payable to Morpho Trust.

9. If you live in the metropolitan New Jersey area, you will receive digital fingerprint information via regular mail. Please schedule your appointment as soon as possible.

10. Submit criminal history documents (if applicable).

11. Provide written verification of licensure in good standing from the state in which you were originally licensed, or are currently licensed, and from every state in which you have ever been licensed. The verification must be forwarded **directly** to the New Jersey Board of Nursing from the applicable state board(s), if those state(s) are not listed on the NURSYS License Verification Form.

12. Submit a copy of your receipt, signed at the bottom.

GENERAL INFORMATION

We will make every effort to process your application in a timely manner. However, the process will be delayed if the application is incomplete or if any of the required documentation has not been submitted. **Please note** that the Board of Nursing does not issue a temporary license.

If you change your name and/or address after submitting an application for licensure, you must notify the Board in writing immediately in order to receive important information.

It is the responsibility of the applicant to ensure that all of the documentation required to submit a completed application has been received by the Board in a timely fashion (including information from another state). Information on the status of the licensure-endorsement file will be given to the applicant **ONLY**.

Any incomplete application which has remained inactive for six (6) months will be destroyed in accordance with the Division of Consumer Affairs' record retention plan. To reactivate the application process, a completely new application and fee will be required.

Effective July 1, 2008, a $5.00 surcharge fee for the Alternative-to Discipline program must be paid.

LICENSED PRACTICAL NURSE

Attendance in or successful completion of a professional nursing program shall not serve as an equivalent or substituted qualification for the practical nursing education requirement (N.J.A.C. 13:37-4.1(b)).

NURSING PRACTICE ACT

It is the applicant's responsibility to keep current on the laws pertaining to his or her practice, the algorithm for determining the scope of nursing practice and the delegation of treatment responsibilities as these laws are subject to change. Please review the statutes and regulations on the Board's website because the regulations are revised occasionally. (www.njconsumeraffairs.gov/nur/Pages/regulations.aspx)

Attach a clear, full-face passport photograph (2″x 2″) of your head and shoulders, taken within the past six months, with your name printed on the back of the photo.

A photo is required with each application.

Do not use staples to attach the photo.

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Endorsement

Applicant: Check license type for which you are applying:
☐ Registered Professional Nurse
☐ Licensed Practical Nurse

Board Staff:
Date received by the Board: _____

License or Certificate number: _____

Official Application for Licensure by Endorsement

Date:_____

Please enclose an endorsement application filing fee of $75.00, a license certificate fee of $120.00 and a $5.00 surcharge fee (for a total of $200.00) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.). The $75.00 fee, which covers the application only, and the $5.00 surcharge fee will **not** be refunded or held over. Only the license certificate fee of $120.00 is refundable if you are determined to be ineligible for licensure or certification.

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer <u>all</u> of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

_____ _____
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

_____
Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ -_____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child support enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, **attach a copy of your alien registration card** (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

If you are not a U.S. citizen, **attach a copy of your alien registration card** (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support **(You must answer a, b, c and d.)**

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No

(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No

d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

_____ _____ _____
Applicant's name (please print) Applicant's signature Date

Full name: _____

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a registered professional nurse or a licensed practical nurse" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of a registered professional nurse or a licensed practical nurse, and to learn and keep abreast of professional developments; and

b. The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform the duties of a registered professional nurse or a licensed practical nurse, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" 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.

"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 may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

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

a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No

b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable

c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable

d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No

f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

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

_____ Applicant's signature

_____ Date

Full name: _____

8. Have you ever changed your name? ☐ Yes ☐ No
   If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Other Licenses:

   a. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey? ☐ Yes ☐ No

   b. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

   If you answered "Yes" to question 9a or 9b, for each license or certificate held, provide the date(s) held and the license number(s). If the license or certificate was issued under a different name, please provide that name. _____
   Last name First name Middle initial

Type of license or certificate by State Board Exam	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate by Endorsement	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate by Endorsement	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate by Endorsement	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate by Endorsement	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever been named as a defendant in any litigation related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

15. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

    If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If the answer to any of the above questions, numbers 10 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Full name: _____

Education

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-D for each school. Use additional sheets of paper if necessary.

A. Name of schools attended and locations	B. Number of Years Attended	C. Attendance		D. Title of diploma or degree obtained*
		Entrance date	Leaving date	
Postsecondary School(s) including basic nursing education programs	*** Note: If your professional school was located outside the U.S., and you have a copy of your degree/diploma in the original language, attach a copy to this form.**			
Name of school _____ Program major _____ City _____ State/Country _____	B	____ / ____ Month Year	____ / ____ Month Year	**Check appropriate type:** **L.P.N.** ☐ Certificate ☐ Diploma
Name of school _____ Program major _____ City _____ State/Country _____		____ / ____ Month Year	____ / ____ Month Year	**R.N.** ☐ Diploma ☐ Associate's Degree
Name of school _____ Program major _____ City _____ State/Country _____		____ / ____ Month Year	____ / ____ Month Year	☐ Bachelor's Degree

A. Name of schools attended and locations	B. Number of Years Attended	C. Attendance		D. Title of diploma or degree obtained*
		Entrance date	Leaving date	
High School or Primary School				
Name of school _____ City _____ State/Country _____	B	____ / ____ Month Year	____ / ____ Month Year	**Check appropriate type:** ☐ Graduate diploma
Name of school _____ City _____ State/Country _____		____ / ____ Month Year	____ / ____ Month Year	☐ Graduate equivalency diploma

Full name: _____

Nursing Work Experience

Do **not** include a curriculum vitae or a resume. Neither will meet the regulatory requirements for completing this application.

1. List the nursing experience you have acquired. Provide the information about your current employment first. Use additional sheets of paper if necessary. If you do not have any work experience, please leave this section blank.

(a) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(b) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(c) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

Important Information

1. You must be at least 18 years old to apply for licensure by endorsement.
2. Verification forms from every state or jurisdiction in which you have been licensed or certified must be sent **directly** to the New Jersey Board of Nursing by the board of nursing in each state or jurisdiction.

Full name: _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____ } *ss.*

I, _____ , in making this application to the New Jersey Board of Nursing for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1.1 through 13:37-14.17, and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

_____
Applicant's signature

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here

Full name: _____

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www.NJConsumerAffairs.gov/nursing

Dear Applicant:

The Division of Consumer Affairs is required to conduct criminal history record background checks on all health care professionals prior to the issuance of an initial license or other authorization to practice (N.J.S.A. 45: 1-28 et seq.).

In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization form and return it to the mailing address above.

(In-State Applicants)
Upon receipt of the completed Certification and Authorization form, the Board will forward your information about how to schedule an appointment with MorphoTrust, Inc., to have your fingerprints electronically recorded. ***The fee for the fingerprinting and background check is $65.45. The fee must be paid to MorphoTrust, at the time of scheduling your appointment for fingerprinting.*** The following forms of payment are accepted: Visa, MasterCard, or prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

(Out-of-State Applicants)
Upon receipt of the completed Certification and Authorization form, the Board will ***forward*** to you information to have your fingerprints recorded onto traditional fingerprint cards. Out-of-state applicants must have their fingerprints recorded, on the cards we provide, by their local police department, by their state police department or by their local law enforcement agency. You must return the fingerprint cards, completed IdentoGo universal fingerprinting form, the New Jersey State Police - Applicant Identification Form that was completed by the agency taking your fingerprints, and the $61.44 fee for the fingerprinting and background check to the Board or Committee. ***The $61.44 should be in the form of a check or money order made payable to MorphoTrust. Checks or money orders older than 60 days will be returned to the applicant.***

If you fail to complete and return the Certification and Authorization form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing

Official Use Only
☐ Dual License
License Type 1
_____
Applicant's Number
_____
License Type 2
_____
Applicant's Number
_____

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Official Use Only
☐ Resubmit
_____
Board or Committee
_____

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name

2. Address _____
   Street or P.O. Box City State ZIP code

3. Date of birth __ __ /__ __ /__ __ Sex: ☐ Male ☐ Female
   Month Day Year

4. Social Security number _____/ _____ / _____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
   If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
   If "Yes," please provide the following information and follow the instructions outlined below:

   _____ _____
   Board or committee requiring the fingerprinting Month and year you were fingerprinted

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $17.50.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

   Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

   Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

   Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➨

Endorsement

Certification

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ _____

Signature of applicant Date

Endorsement

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

License Verification Request

Directions to applicant: Complete only the top portion of this license verification form and forward it to the Board of Nursing in the state(s) in which you are or have been licensed. The board(s) should complete the form and return it to the New Jersey Board of Nursing. Note: Be advised that the board(s) completing the form may charge a fee for license verification. Please call the board(s) to check on fees for license verification prior to submitting this form. If any state in which you are licensed is a member of Nursys®, please use the NCSBN Nursys® form in order for us to receive your verifications faster. (Please see the complete instructions on the NCSBN Nursys® form.)

☐ Registered Nurse ☐ Licensed Practical Nurse

Name: _____
First name Middle name Last name Maiden name, if applicable

Name on original license: _____ Telephone number: _____
(include area code)

Current address: _____
Street City State ZIP

School of nursing: _____ Location: _____

Year of graduation: _____ License number: _____ Year issued: _____

Directions to State Board of Nursing: ***This section is to be completed by the State Board of Nursing.***
**** Please include this form with any verification or correspondence sent to the New Jersey Board of Nursing at the address above.***

1. License registration number: _____ Date: _____
2. Did the applicant graduate from a board accredited or approved school of nursing? ☐ Yes ☐ No
3. State Board examination scores: (If the exams were taken prior to 1949, please list the subjects and scores.)

	Score	Series		Score	Series
Medical nursing			Surgical nursing		
Nursing of children			Obstetric nursing		
Psychiatric nursing			N.C.L.E.X.		

4. Was license issued by:

State Board test pool exams? ☐ Yes ☐ No Score _____ Series _____

N.C.L.E.X.? ☐ Yes ☐ No Score _____ Series _____

Waiver? ☐ Yes ☐ No Date

Endorsement? ☐ Yes ☐ No Date _____

5. Has this license ever been revoked, suspended or voluntarily surrendered? ☐ Yes ☐ No
If "Yes," please provide a description of the charge(s) and any action(s) taken and provide a copy of any complaint, order and voluntary surrender document.

_____

_____

_____

Official Seal

I certify that the statements contained herein are true to the best of my belief, and I recommend this nurse for licensure in the State of New Jersey.

Secretary _____

State _____

Date _____

In the United States

Alabama	(334) 242-4060
Alaska	(907) 269-8161
Arizona	(602) 331-8111
Arkansas	(501) 686-2700
California RN	(916) 322-3350
California PN	(916) 263-7800
Colorado	(303) 894-2430
Connecticut	(860) 509-7624
Delaware	(302) 739-4522
Washington DC	(202) 442-4380
Florida	(904) 858-6940
Georgia RN	(912) 207-1640
Georgia PN	(912) 207-1640
Hawaii	(808) 586-3000
Idaho	(208) 334-3110
Illinois	(312) 814-2715
Indiana	(317) 232-2960
Iowa	(515) 281-3255
Kansas	(785) 296-4929
Kentucky	(502) 329-7000
Louisiana RN	(504) 838-5332
Louisiana PN	(504) 838-5791
Maine	(207) 287-1133
Maryland	(410) 585-1900
Massachusetts	(617) 727-9961
Michigan	(517) 373-9102
Minnesota	(612) 617-2270
Mississippi	(480) 987-4188
Missouri	(573) 751-0681
Montana	(406) 444-2071
Nebraska	(402) 471-4376
Nevada	(775) 688-2620
New Hampshire	(603) 271-2323
New Jersey	(973) 504-6430
New Mexico	(505) 841-8340
New York	(518) 474-3843
North Carolina	(919) 782-3211
North Dakota	(701) 328-9777
Ohio	(614) 466-3947
Oklahoma	(405) 962-1800
Oregon	(503) 731-4745
Pennsylvania	(717) 783-7142
Rhode Island	(401) 222-2827
South Carolina	(803) 896-4550
South Dakota	(605) 362-2760
Tennessee	(615) 532-5166
Texas RN	(512) 305-7400
Texas PN	(512) 305-8100
Utah	(801) 530-6628
Vermont	(802) 828-2396
Virginia	(804) 662-9909
Washington RN	(360) 236-4713
Washington PN	(360) 236-4713
West Virginia RN	(304) 558-3596
West Virginia PN	(360) 558-3572
Wyoming	(307) 777-7601

Endorsement

Outside Continental USA

American Samoa	(684) 633-1222-206
Guam	011(671) 475-0251
N. Mariana Island	01-670-234-8950 through 8954
Puerto Rico **(Only if NCLEX Exam was taken.)**	(787) 725-8161
Virgin Island	(340) 776-7397

License Verification

Check Nursys website for participating Boards of Nursing. The website address to process your verification is: www.nursys.com . If the state(s) in which you are licensed is/are not a member of Nursys, please use the enclosed Verification Request Form. Juristictions that Participate in Nursys License Verification as of June 3, 2016.

ALASKA (AK)
AMERICAN SAMOA (AS)
ARIZONA (AZ)
ARKANSAS (AR)
COLORADO (CO)
DELAWARE (DE)
DISTRICT OF COLUMBIA (DC)
FLORIDA (FL)
GEORGIA (GA)
GUAM (GM)
IDAHO (ID)
ILLINOIS (IL)
INDIANA (IN)
IOWA (IA)
KENTUCKY (KY)
LOUISIANA-RN
MAINE (ME)
MARYLAND (MD)
MASSACHUSETTS (MA)
MICHIGAN (MO)
MINNESOTA (MN)
MISSISSIPPI (MS)
MISSOURI (MO)
MONTANA (MT)
NEBRASKA (NE)
NEVADA (NV)
NEW HAMPSHIRE (NH)
NEW JERSEY (NJ)
NEW MEXICO (NM)
NEW YORK (NY)
NORTH CAROLINA (NC)
NORTH DAKOTA (ND)
NORTHERN MARIANA ISLANDS
OHIO (OH)
OREGON (OR)
RHODE ISLAND (RI)
SOUTH CAROLINA (SC)
SOUTH DAKOTA (SD)
TENNESSEE (TN)
TEXAS (TX)
UTAH (UT)
VERMONT (VT)
VIRGIN ISLANDS (VI)
VIRGINIA (VA)
WASHINGTON (WA)
WEST VIRGINIA-PN (WV)
WISCONSIN (WI)
WYOMING (WY)

States that do not participate in Nursys License Verification as of June 3, 2016.

ALABAMA
CALIFORNIA
KANSAS
LOUISIANA-PN
OKLAHOMA
PENNSYLVANIA
WEST VIRGINIA-RN
HAWAII-LPN/RN