

**FOR INDIVIDUALS FILING VIA THE ONLINE APPLICATION**

Dear Applicant:

These forms are to be used by applicants who have completed the Board of Nursing online application for initial licensure in Texas. In order for us to continue the application process, you must do the following:

1. **All applicants by examination must pass the Texas Nursing Jurisprudence Examination.** You must pass this examination prior to being issued a permanent license. **This has no bearing on your GN/GVN authorization.**

**Instructions on taking the Texas nursing jurisprudence examination:** Ten days after you have filed an examination application with the Texas Board of Nursing, you will be eligible to take the online nursing jurisprudence exam at [www.bon.state.tx.us/olv/je.html](http://www.bon.state.tx.us/olv/je.html). Follow the instructions to log on and complete the examination. The examination is based on the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules and Regulations. We recommend that you download a copy of the NPA and Board Rules and Regulations from our website by going to [www.bon.state.tx.us](http://www.bon.state.tx.us) and click on "Nursing Law and Rules". You may also purchase a hard copy of the NPA and Rules and Regulations by contacting the Texas Board of Nursing. The nursing jurisprudence examination is a maximum of two hours in length. If you are not successful in passing the examination, you may take the examination again after seven working days has elapsed from the previous attempt. The cost of the examination is included in the application fee. Again, you must pass this examination before the Texas Board of Nursing will issue the permanent license.

2. **All applicants are required to complete a criminal background check (CBC).** The CBC is processed by the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI).

**For applicants residing in Texas,** L-1 Identity Solutions , [www.ibtfingerprint.com](http://www.ibtfingerprint.com), offers Live Scan locations in Texas. In order to be eligible for an electronic fingerprint submission, allow three business days to elapse before scheduling an appointment with L-1 Identity Solutions. You may schedule an appointment online or by phone at 1-888-467-2080.

**For applicants residing outside Texas,** complete the form, below, and return it with one (1) completed FBI fingerprint card. A fingerprint card can be requested from our website at [www.bon.state.tx.us/olv/web-requests.asp](http://www.bon.state.tx.us/olv/web-requests.asp). Fingerprinting should be conducted by a person who is appropriately trained to collect them. Your local law enforcement agency should be willing to assist you.

Mail the form and fingerprint card to:

Examination Department  
Texas Board of Nursing  
333 Guadalupe #3-460  
Austin, Texas 78701

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Type of Online Application: \_\_\_\_\_ NCLEX-PN Exam      \_\_\_\_\_ NCLEX-RN Exam

Online Applicant Name: \_\_\_\_\_  
(Print name as it appears on the online application)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Signature: \_\_\_\_\_

## REGISTRATION FOR NCLEX EXAMINATION

- **The Board will not approve you to take the examination or issue a online GN/GVN authorization (if eligible) unless you have paid the \$200.00 NCLEX registration fee to NCS Pearson.** The Board recommends that you register with NCS Pearson one (1) month prior to graduation or applying to the Board to take the NCLEX examination. Three registration options are available:
  - (1) Register online by visiting [www.vue.com/nclex](http://www.vue.com/nclex) and using a VISA, MasterCard, or American Express credit card; or
  - (2) Register over the phone by calling NCS Pearson 1-866-496-2539, Monday-Friday, 7 am to 7 pm, U.S. Central Standard time; or
  - (3) Register by mail with a certified check, cashier's check, or money order.
- The Authorization To Test (ATT) letter (once approved by the Board) will come directly from the testing service. The ATT letter is only valid for 75 days and will not be extended under any circumstance. If you do not receive your ATT letter after you have been approved to take the exam, you must contact NCS Pearson/VUE to request a duplicate copy.

## FIRST TIME TEST TAKERS (In-State and Out-of-State Applicants)

- A completed Application by NCLEX Examination and all fees should be submitted to the Board **120 days prior to your graduation date.**
- The Affidavit of Graduation (AOG) form must be completed by the Dean/Director of your nursing program. **The document must be signed on or after the date of completion of the program or graduation.**
- Follow the instruction provided on Criminal Background Checks. An online GN/GVN authorization will be posted on the BON website, if eligible. ATT's will not be issued until a completed AOG and FBI criminal history report is received.
- Verification of GN/GVN authorization may be performed online, using the Boards web site [www.bon.state.tx.us](http://www.bon.state.tx.us), Online Verifications option.

## INTERNATIONAL APPLICANTS EDUCATED OUTSIDE THE USA AND US TERRITORIES

- A completed Application by NCLEX Examination, all fees, a completed criminal history report, proof of passing scores of English Proficiency exam (if program was not conducted in English), an original Credential Evaluation Service (CES) Full Education course-by-course report, sent directly from an approved organization and a Verification of Licensure (VOL) form from all countries, states, provinces and/or territories you hold or have held a license. The VOL must come directly from the licensing authority and must bear the authorities official seal. The VOL is only valid for one (1) year after it is signed and sealed by the licensing authority \*Note: the CES Full Education course-by-course report will contain your original country of licensure's VOL.
- Follow the instruction provided on under Criminal Background Checks. A social security number is not required; however, receipt of the FBI criminal history report will take longer for the candidates who do not have this identifying information.
- The Board accepts the CES from the Commission on Graduates of Foreign Nursing Schools (CGFNS), the Educational Records Evaluation Service, Inc. (ERES) or the International Education Research Foundation, Inc. (IERF). The CES must be dated within one year of issuances by the certification organization. You may access this service by going to one of the following websites: [www.cgfns.org](http://www.cgfns.org), [www.eres.com](http://www.eres.com) or [www.ierf.org](http://www.ierf.org).

- If your nursing program was conducted in a Language other than English, you must provide proof of English Proficiency. The Board accepts:
  - 1) the Test of English as a Foreign Language (TOEFL) with a passing score of 560 paper based or 220 computer based, or;
  - 2) the Test of English as a Foreign Language (TOEFL) internet based test (iBT) with a minimum passing score of 83, or
  - 3) receipt of both the Test of Spoken English (TSE) with a minimum score of 50 and the Test of Written English (TWE) with a minimum score of 4.0, or;
  - 4) the International English Language Testing System (IELTS) with a passing standard of an overall score of 6.5 with a minimum of 6.0 in all of the four modules.
- All international applicants must show proof of working in nursing for a period totaling two (2) years (i.e. 24 months) at anytime after graduation from a nursing program.
- If you have not worked at least two (2) years as a first level, general nurse within the four (4) years preceding the filing of the application, you will not be licensed until you complete a Foreign Educated Nurse (FENS) refresher course consisting of 120 hours of classroom instruction and 120 hours of clinical practice under direct supervision of a Registered Nurse. The applicant required to take the FENS refresher will be given a six (6) month permit to complete the refresher course.

### APPLICANTS RE-WRITING THE NCLEX EXAMINATION

- All applicants must take and pass the NCLEX examination within four (4) years of graduation (U.S. graduates) or receipt of the first licensure fee received by the Board (for applicants educated outside of the U.S.). All applicants will receive unlimited testing attempts within the four (4) year period. Applicants nearing the end of their four (4) year eligibility period must apply and be approved to take the NCLEX examination on/or before 120 days prior to the last day of eligibility. If your last day of eligibility is within 120 days, you will not be approved to take the NCLEX examination and must reeducate by completing an entire nursing program. NO EXCEPTIONS WILL BE MADE.
- To be approved to take the examination, you must submit a new Application by NCLEX Examination and the fee. For international graduates, if the Verification of Licensure (VOL) is over 1 year from issuance, the applicant must make arrangements for the BON to receive a new VOL. Candidates will not be approved to re-take the examination until all required information is received.

### SPECIAL ACCOMMODATIONS FOR THE NCLEX EXAM

- In compliance with the Americans with Disabilities Act (ADA), the Texas Board of Nursing provides reasonable accommodations for candidates with disabilities that may interfere with their performance on the National Council Licensure Examination (NCLEX). **Disability** is defined in the Americans with Disabilities Act as a “physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.” **Major life activities** means “functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working.” (28CFR35.104 - Nondiscrimination on the Basis of Disability in State and Local Government). If you feel you may qualify to receive special accommodations for testing, download the “Special Accommodations” form off the web site at [www.bon.state.tx.us/olv/forms.html](http://www.bon.state.tx.us/olv/forms.html). **Please note**, that candidates requesting accommodations will not be approved to take the NCLEX or receive an online GN/GVN authorization, if applicable, until the special accommodations for testing have been approved by the BON.

### EXAMINATION RESULTS

- Applicants may call the automated line to verify Licensure at 512/305-7400 or access this information located on our web site at [www.bon.state.tx.us](http://www.bon.state.tx.us). Licensure information is updated daily. If a license has not been issued, this does not necessarily mean you have failed the exam.



# Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944, USA  
 Phone: 512-305-7400 -- Web Site: [www.bon.state.tx.us](http://www.bon.state.tx.us)

## VERIFICATION OF LICENSURE FOR NCLEX-RN EXAMINATION for Graduates outside of the USA and US Territories

**SECTION A: APPLICANT PORTION** - To be completed by the applicant and forwarded to the ALL appropriate licensure authorities that the applicants has been licensed as a professional registered nurse in the applicable country, state, province, and/or territory.

Name (First, Middle, Last)	All Previous Name(s) used	
Mother's Maiden Name	Date of Birth(month/day/year)	License Number
Name as appears on original license (First, Middle, Last)	Issuance Date of Original Licensure	Name of Country/Province/Territory Issued
Basic Nursing Education Program- Type of Basic Nursing Program		
<input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACCALAUREATE DEGREE <input type="checkbox"/> MASTER'S DEGREE		

**LICENSING AUTHORITY PORTION:** Only to be completed by the licensing authority

Licensing Agency: The above named individual has applied for Licensure as a registered nurse in the State of Texas. Please complete the information below in its entirety and return this form to the Boards address listed above. **DO NOT USE WHITE OUT ON THIS DOCUMENT. PLEASE TYPE OR PRINT IN BLACK INK.**

**This is to verify** \_\_\_\_\_  

First Name
Middle Name
Maiden Name
Last Name

**was issued #** \_\_\_\_\_ **to practice as a registered nurse on** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  

month
day
year

**The license expires on** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or  issued for life.  

month
day
year

**Licensure status:**  Active     Lapsed     Inactive     Encumbered\*

*\* If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.*

**Was the applicant originally licensed as a professional registered nurse in your country?**  YES  NO

If "NO", what country did the applicant originally receive a recognition as a professional registered nurse? \_\_\_\_\_

**Nursing program name:** \_\_\_\_\_

**Location of program:** \_\_\_\_\_  

City
Country

**Type of Basic Nursing Education Program:**  Diploma     Associate Degree     Baccalaureate Degree     Master's Degree

**Was this program conducted in English?**  YES  NO **\*Date of Graduation** \_\_\_\_/\_\_\_\_/\_\_\_\_\_(Month/Day/Year)  
 If UNABLE to provide month/day/year of graduation, please attach a letter of explanation.

Signed \_\_\_\_\_  
Must be original signature-Stamped signatures not accepted

(AFFIX SCHOOL/OFFICIAL SEAL HERE) Title \_\_\_\_\_

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

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  

Month
Day
Year

## Affidavit of Graduation for Graduates of Texas Approved Vocational Nursing Programs

This portion of the application must be completed by the Director of the Nursing Program **only**. The signature of other persons such as associate deans, program coordinators, or faculty members will not be accepted unless the Board has received official notification from the governing institution's administration that another nurse on the faculty has been given the authority to sign for the director, the length of time that the signature authority is valid, and a sample of the authorized person's signature.

This affidavit verifies that the applicant named below successfully completed all requirements for completion of graduation from an approved vocational nursing program as stated in Rule 214.9 of the Rules of the Texas Board of Nursing. **Please note, this portion of the application cannot be notarized prior to the date of completion/graduation date.**

Pursuant to Rule 214.6 (i)(3), I hereby certify that:

First Name

Middle Name/Maiden Name

Last Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ entered the \_\_\_\_\_

Name of School of Vocational Nursing

located in \_\_\_\_\_ on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City

State

Enrollment Date (month/day/year)

and has completed requirements for graduation on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Graduation Date (month/day/year)

Program Code: \_\_\_\_\_ - \_\_\_\_\_

**Note: Director must Sign the Affidavit of Graduation after the Applicant Has Completed All Requirements for Graduation.**

I am the Dean/Director for the program listed above and attest that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(i) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

Name of Dean/Director \_\_\_\_\_

(School Seal)

Signature of Dean/Director \_\_\_\_\_

**Director Affidavit**  
**(Out-of-State and US Territories PN/VN Graduates and RN Under-Grads ONLY)**

**This form is required for individuals who are requesting to take the NCLEX-PN® examination based on educational preparation. This form applies to individuals who have attended and have not met requirements for graduation from an ADN/BSN nursing program, individuals who have failed the NCLEX-RN® examination and PN/VN graduates from other states.**

**Directions:** The Dean/Director of the nursing program must complete, sign, and notarize this document. **THE AFFIDAVIT MUST BE SENT DIRECTLY TO THE BOARD OFFICE FROM THE NURSING PROGRAM FOR THE AFFIDAVIT TO ACCEPTED.**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name Middle Initial Last Name Mo Day Yr

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr Mo Day Yr

Numerical grading scale for the "C" is=\_\_\_\_\_ **Only courses with a Minimum Grade of "C" may be counted.**

Required Board Course	Course Number/Name	Theory Clock Hours	Lab/Clinical Clock Hours
Personal & Vocational Adjustments			
Vocational Nursing Skills			
Pediatrics			
Maternal/Newborn			
Mental Illness/Mental Health			
Geriatrics			
Adult Medical/Surgical Nursing			
Pharmacology			
Growth and Development			
Anatomy & Physiology (THEORY HOURS ONLY)			
Microbiology (THEORY HOURS ONLY)			
Nutrition			
<b>TOTALS</b>			

I, being duly sworn, depose and say that I am the Director of the Nursing program listed below and that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct.

(School Seal)

\_\_\_\_\_  
 Signature of Dean/Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Nursing Program

\_\_\_\_\_  
 City/State/Country of Nursing Program

# Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944, USA  
 Phone: 512-305-7400 -- Web Site: www.bon.state.tx.us

## VERIFICATION OF LICENSURE FOR **NCLEX-PN** EXAMINATION for Graduates outside of the USA and US Territories

SECTION A: <u>APPLICANT PORTION</u> - To be completed by the applicant and forwarded to the <u>ALL</u> appropriate licensure authorities that the applicants has been licensed as a professional registered nurse or licensed vocational\practical nurse in the applicable country, state, province, and/or territory.		
Name (First, Middle, Last)	All Previous Name(s) used	
Mother's Maiden Name	Date of Birth(month/day/year)	License Number
Name as appears on original license (First, Middle, Last)	Issuance Date of Original Licensure	Name of Country/Province/Territory Issued
Basic Nursing Education Program- Type of Basic Nursing Program <input type="checkbox"/> Vocational\Practical Program <input type="checkbox"/> Other: _____		

### LICENSING AUTHORITY PORTION: Only to be completed by the licensing authority

Licensing Agency: The above named individual has applied for Licensure as a licensed vocational nurse in the State of Texas. Please complete the information below in its entirety and return this form to the Boards address listed above. **DO NOT USE WHITE OUT ON THIS DOCUMENT. PLEASE TYPE OR PRINT IN BLACK INK.**

**This is to verify** \_\_\_\_\_  

First Name
Middle Name
Maiden Name
Last Name

**was issued #** \_\_\_\_\_ **to practice as a (circle one) RN / LVN nurse on** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  

month
day
year

**The license expires on** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **or**  **issued for life.**  

month
day
year

**Licensure status:**  Active     Lapsed     Inactive     Encumbered\*

*\* If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.*

**Was the applicant originally licensed in your country?**  YES  NO

If "**NO**", what country did the applicant originally receive recognition as a nurse? \_\_\_\_\_

**Nursing program name:** \_\_\_\_\_

**Location of program:** \_\_\_\_\_  

City
Country

**Type of Basic Nursing Education Program:**  Vocational\Practical Program     Other: \_\_\_\_\_

**Was this program conducted in English?**  YES  NO **\*Date of Graduation** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)  
 If UNABLE to provide month/day/year of graduation, please attach a letter of explanation.

(AFFIX SCHOOL/OFFICIAL SEAL HERE)      Signed \_\_\_\_\_  
Must be original signature-Stamped signatures not accepted

Title \_\_\_\_\_

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

Date Signed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  

Month
Day
Year