For Office Use Only: **RN**

Amount _____

Date Rec'd_____

Audit Number _____

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.texas.gov

Application by NCLEX-RN® Examination for **Registered Nurses**

For Office Use Only:

FBI HX: [ ] Yes [ ] No

Permit: [ ] Yes [ ] No

Date Deemed:_____

Staff Initials:_____

SECTION A: *Applicant Information*

Indicate your legal name as listed on your driver's license or Picture Identification. Discrepancies in name may result in not being able to verify your identity the day of your examination.

Last Name (Print):_____First Name:_____

Middle Name (will appear on license):_____Previous Name(s): _____

_____
(Address) (City) (State/Country) (Zip/Postal Code)

_____ ( ) _____
(E-Mail Address) Phone Number

U.S. Social Security Number:_____-_____- _____ Date of Birth: _____/_____/_____
Mo Day Yr

Gender: [ ] Male [ ] Female **Ethnicity**: [ ] African American [ ] Asian [ ] Caucasian [ ] Hispanic [ ] Native American [ ] Other

Name of BASIC RN Nursing School Attended: _____

Entry Date: _____/_____ Graduation Date:_____/_____ NCSBN Program Code: ____ - _____
Mo Yr Mo Yr NCLEX School Code

Location of Nursing School: _____
(City) (State/Province) (Country)

Type of Basic RN Education Program: [ ] Diploma [ ] Associate Degree [ ] Baccalaureate Degree [ ] Master's Degree

SECTION B: *Licensure Information*

1) **[ ] No [ ] Yes** Have you ever taken the NCLEX-RN®?
If "Yes", indicate dates and states:_____

2) **[ ] No [ ] Yes** Have you ever been granted authority to practice nursing in any country, state, province or territory?

If you answered "Yes" to question 2, you must answer questions 3 and 4 in this section of the application.

3) **[ ] No [ ] Yes** Have you used the authority granted to practice nursing?

If "Yes", indicate the country(ies)_____

and date you last practiced as a registered nurse: _____/_____
MM YYYY

4) **[ ] No [ ] Yes** Have you practiced nursing by using your nursing knowledge, skills, and abilities within the past four years?

Applicant's Signature: _____ Date: _____

Examination Application for **Registered Nurses**

Applicant Name: _____ Social Security Number: _____ - _____ - _____

SECTION C: *Eligibility Questions*

These questions MUST be answered truthfully EACH TIME an application is submitted, even if you have previously disclosed information and undergone a previous eligibility review in another state.

1) **[ ] No [ ] Yes** ***For any criminal offense, including those pending appeal, have you:

A. been arrested and have any pending criminal charges?
B. been convicted of a misdemeanor?
C. been convicted of a felony?
D. pled nolo contendere, no contest, or guilty?
E. received deferred adjudication?
F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
G. been sentenced to serve jail, prison time, or court-ordered confinement?
H. been granted pre-trial diversion?
I. been cited or charged with any violation of the law?
J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/ punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non- disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non- disclosure may become a character and fitness issue. Pursuant to Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

2) **[ ] No [ ] Yes** *Are you currently the target or subject of a grand jury or governmental agency investigation?

3) **[ ] No [ ] Yes** Has **any** licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4) **[ ] No [ ] Yes** *In the past five (5) years have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgment, or ability to function in school or work?
(You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have no further hospitalization since disclosure.)

5) **[ ] No [ ] Yes** *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466. *If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer "NO" to questions #4 and #5.*

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE ANSWER THE QUESTIONS BELOW AND THEN REFER TO THE ELIGIBILITY QUESTIONS INSTRUCTIONS FOR ADDITIONAL INFORMATION ON WHAT DOCUMENTATION IS REQUIRED.

[ ] No [ ] Yes I've had a previous eligibility review completed by the Texas BON.

[ ] No [ ] Yes I have a NEW incident(s) to disclose since my previous approval granted by the Texas BON.

Applicant's Signature: _____ Date: _____

Applicant Name: _____ Social Security Number: _____ - _____ - _____

SECTION D: ***Nurse Compact Declaration***

1) In accordance with the Nursing Practice Act, section 304.001, art. 4 and 22 TAC §220.2, check one of the following AND fill in the blank where applicable:

□ **I declare Texas as my primary state of residence and I have provided a Texas address**. I am eligible for a Compact Texas License.

□ **I declare Texas as my primary state of residence but I have not provided a Texas address**. I am eligible for a Single State Texas License only. (NOTE: If the address you provide is in a Compact State, the BON will seek clarification prior to processing)

□ **I am declaring a Non-Compact State as my primary state of residency**. My permanent residence is a state not participating in the Nurse Licensure Compact. I am eligible for a Single State Texas License only. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes. **(This option should be used by individuals who reside in another country/territory/province.)**

□ **I am declaring another Compact State as my primary state of residence.** Therefore, I understand that I cannot receive a permanent Texas license at this time, but I wanted to get the process started. I will submit a Sworn Declaration of Primary State of Residence form when my primary residence changes to Texas or a non-compact state. I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

□ **I am employed exclusively in the US military (Active Duty) or with the U.S. Federal Government and am requesting a Texas single-state license regardless of my primary state of residence.** I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

2) Upon licensure in Texas, in which state(s) do you intend to practice (list all states that apply);

electronically _____,

telephonically _____, or

physically _____.

Attestation/Consent to Release & Use of Confidential Records

I, the NCLEX ® Candidate whose name appears within this Application, acknowledge this document is a legal document and I attest that I understand & meet all the requirements for the type of licensure requested, as listed in sections 301.252, 301.253, 301.452, 301.453, 301.454 and 304.001 of the Nursing Practice Act; 22 TAC §§ 213.27, 213.28, 213.29, 213.30, 213.33; 22 TAC §§ 217.11 and 217.12.

Further, I understand that it is a violation of the 22 TAC § 217.12 (6)(l) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature:_____ Date:_____/_____/_____

TEXAS BOARD OF NURSING
333 Guadalupe - Suite 3-460, Austin, Texas 78701
(512) 305-7400 – Web Site: www.bon.texas.gov

RN EXAMINATION REQUIREMENTS

Application requirements for a Texas RN license by Examination are as follows:

- **A COMPLETED RN EXAMINATION APPLICATION**;
- **FEE OF $100.00;**
- **A CRIMINAL BACKGROUND CHECK (CBC)** and review of any/all eligibility issues (if applicable);
- **NURSING JURISPRUDENCE EXAMINATION (NJE)**
- **REGISTRATION WITH PEARSON VUE**
- **PROOF OF GRADUATION**
- **(the BON also requires a verification of license (VOL) for Foreign Educated Nurses)**

GENERAL INFORMATION

The information below will assist in completing the application as well as following through with the above mentioned requirements for licensure in the State of Texas.

- It is recommended that a completed Application by NCLEX-RN® Examination and fee be submitted to the Board **120 days prior to your graduation date**.
- An incomplete application could delay approval for the authorization to test, GN permit (if applicable), or permanent license.
- **The application is not complete until all required documentation and fees are received.** An incomplete application will delay final approval of the application. **All documents become a permanent part of your file and will not be returned.** Applications are reviewed in date order received. Be sure to answer all questions honestly. The Texas Board of Nursing may deny your application if you provide false information on your application.
- An application and payment are considered to be active for up to **one year** from the date of receipt in the Board's office per our Records Retention Policy. All licensure requirements must be met within that year's timeframe or the application and payment will be considered null and void. Should this occur, a new application and payment would need to be submitted; and the applicant will need to meet all requirements in effect at that time.
- By signing the application by NCLEX-RN® Examination, you are also acknowledging that you have read and understood the Texas Nursing Practice Act (NPA) and the Rules and Regulations that govern licensure in the State of Texas. To obtain a copy of the NPA and the Rules and Regulations, visit the Board web site at www.bon.texas.gov.
- Processing time to be reviewed for an authorization to test (ATT) is within ten business days of the BON receiving the last item to complete an application.
- Applicants are encouraged to check the status of their applications online at https://www.bon.texas.gov/olv/applstatus.html

SECTION A - APPLICANT INFORMATION

- Write or type your information on the Examination application. **The application will be accepted only if the information is LEGIBLE**. Illegible applications may cause a delay in processing and/or may result in the BON being unable to communicate with you properly (i.e. illegible address, email address, or phone number.)

- Provide **YOUR** current address. Providing an address in a compact state, or a staffing agency's address may cause a delay in processing. (See Section D – "Nurse Compact Declaration" of the instructions for more information.)

- Although the Board typically sends correspondence by mail, providing an email address and/or phone number will help facilitate communication with our office.

- The Social Security Number (SSN) provided must have been issued by the United States Social Security Administration. Canadian social insurance numbers and other numbers are not accepted. Leave this part blank if you do not have a U.S. issued social security number. Although an SSN is not required for permanent licensure in Texas, providing **false** information in this section WILL cause a delay in processing.

- Provide the name and location of the basic RN nursing school attended as well as your entry date, graduation date, and NCSBN Program Code. A listing of school codes may be accessed at https://www.ncsbn.org/NCLEX_Educational_Program_Codes.pdf

SECTION B – LICENSURE INFORMATION

Questions 1-4 of this section relate to previous NCLEX testing attempts and previous licensure.

Question 1 should be answered by all NCLEX applicants and refers to any previous testing attempts in Texas or any other US state or territory.

Questions 2-4 should be answered by all foreign educated applicants. Applicants should list **any and all** countries for which they are authorized to practice nursing. Answering these questions accurately will help staff determine if an applicant is eligible for the NCLEX.

SECTION C -ELIGIBILITY QUESTIONS

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

*QUESTION #1 The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. The document must be signed and dated. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and all military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies. If the record does not exist, you must obtain a statement from that court

that the document has been destroyed or could not be located.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

*QUESTION #2 The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3 The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

*QUESTION #4 The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, which impaired or does impair your behavior, judgement, or ability to function in school or work, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/eval-guidelines.html. The evaluation process could potentially delay consideration of your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

*QUESTION #5 The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

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*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

ELIGIBILITY REVIEW TIMEFRAMES:

The paperwork will be submitted for an initial eligibility review in the Operations Department within ten (10) business days of the receipt of the NCLEX application, NCLEX fee, **criminal background check results**, and all pertinent documentation as detailed above. This initial review can take up to 30 days.

If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you may be required to pay a $150.00 review fee. Your file will be transferred to our Enforcement Department for additional review within ten (10) business days of the payment being received.

The time needed to complete an eligibility review by the Enforcement Department varies on a case by case basis. The process generally takes an average of 90 days to make a recommendation, provided the file contains all the needed information. If additional material is needed, you will receive such request by the Enforcement Staff. Upon completion of the eligibility enforcement review, your file will be returned to the Examination Department for continued processing.

The BON **will not** approve an applicant to sit for the NCLEX or for permanent licensure until a final decision has been rendered by either the Director of Operations or our Enforcement Department.

See the Criminal Background Check Instructions for more information regarding the criminal background check/fingerprinting process.

SECTION - D: NURSE COMPACT DECLARATION

You must check one of the boxes for section D **and** fill in the blank where one is provided.

The Texas Board of Nursing entered into a Nurse Licensure Compact which allows nurses in Texas the privilege of practicing nursing in participating Compact states. As part of the process of initiating multi-state licensure, all applicants for licensure in Texas must declare their primary state of residence and all states where they intend to practice. Declaring a compact state other than Texas, and/or providing an address in a different compact state will cause your examination application to be questioned since you can practice in Texas on a declared compact state license (compact privilege). Providing a non-residential address (i.e. the address of a staffing agency) will cause a delay in processing. In addition, the BON reserves the right to seek clarification when needed.

Per Rule 220.2(b), primary state of residence is determined by the following documents and you may be requested to submit one or more to satisfy residency requirements:

(1) a driver's license with a home address;
(2) voter registration card displaying a home address;
(3) federal income tax return declaring the primary state of residence;
(4) Military Form No. 2058 - state of legal residence certificate; or
(5) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

Note: Applicants should be providing their **current** information, not what their future address will be. Address changes made after an application has been submitted should be completed by using the Primary State of Residency form located on our website at http://www.bon.texas.gov/pdfs/forms_pdfs/declaration_pdfs/declare-psr.pdf

For questions regarding the Compact or its impact on your potential nursing license, contact BON staff at (512) 305-6809 or e-mail via webmaster@bon.texas.gov. General questions about the Compact language or the concept of mutual recognition of licensure can be obtained from the National Council of State Boards of Nursing website at https://www.ncsbn.org/nurse-licensure-compact.htm

ATTESTATION/CONSENT TO RELEASE & USE OF CONFIDENTIAL RECORDS

Sign and date the attestation/consent on page 3.

Congratulations – you've successfully completed the application and are well on your way to potentially joining the State of Texas nursing family!

READ THROUGH THE REST OF THE INFORMATION BELOW WHICH WILL PROVIDE YOU GUIDANCE WITH COMPLETING THE EXAMINATION PROCESS.

PAYMENT METHOD

The application fee is $100 payable by check, cashiers check, or money order. Check must be drawn on a U.S. Bank, U.S. Money Order, or Canadian Postal Money Order drawn on U.S. dollars (Canadian funds not acceptable), and be made payable to the Texas Board of Nursing - **DO NOT SEND CASH.** ***The fee is non-refundable.***

Note: The Board is unable to process checks and/or money orders made out for more than one application. Furthermore, submitting an application and payment at separate times will delay processing.

CRIMINAL BACKGROUND CHECK

Effective 2004, a criminal background check report (CBC) is required for applicants for licensure in Texas.

The CBC:

- is based on the set of fingerprints you provide to MorphoTrust;
- completed through the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI);
- results are sent directly to the BON by DPS and FBI;
- cannot be sent by the applicant;
- cannot be results that were completed for another facility

The following information will assist you in submitting the required fingerprints:

Applicants residing in Texas:
Read the instructions below for 'Applicants residing in Texas' to schedule your electronic fingerprint submission.

Note: MorphoTrust (IdentoGO) cannot transmit electronic submissions from MorphoTrust sites located outside the state of Texas. If you are located outside the State of Texas then follow the directions below.

Applicants residing outside Texas:
Read the instructions below for 'Applicants residing outside Texas' to obtain, register, and mail your fingerprint card to MorphoTrust.

Applicants that do not have a U.S. issued social security number:
Read the instructions below for 'Applicants without a social security number' to obtain, register, and mail your fingerprint card to MorphoTrust.

NOTE: Occasionally DPS and/or the FBI will notify the BON that the fingerprints submitted through MorphoTrust were not usable and/or readable and therefore have been rejected. You will be notified that a rejection has been received and another set of fingerprints is required. The BON can only submit a request to initiate a name search on your behalf if our office has received two (2) quality rejections from the FBI within the past year. A rejection for any other reason (i.e. smudging, impressions too light etc.) will not count towards this requirement.

FOR APPLICANTS RESIDING IN TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 IdentoGO Centers around Texas, to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. IdentoGO is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at **http://www.identogo.com** or by calling **1-888-467-2080**. The cost of this service is $10.00 plus a $27.00 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

The general process for electronic fingerprinting is:

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.
    - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
        a. You may begin the process now by simply clicking on this link: **https://uenroll.identogo.com/servicecode/119TF2**
        b. and then; click "**Schedule an Appointment**".
        c. Once you have scheduled your appointment, you are **not** required to bring the form to your visit.
    - If you prefer to schedule over the telephone, you must:
        a. First download the TX Fingerprint Service Code form here: http://www.bon.texas.gov/pdfs/forms_pdfs/background/TX-S-Code-119TF2-Nurse-Examiners.pdf
        b. Then call **888.467.2080**;
        c. Please have the TX Fingerprint Service Code form before you call –MorphoTrust will prompt you for the Service Code (**119TF2**) on the form;
        d. Once you have scheduled your appointment, you are **not** required to bring the form to your visit.
2. Arrive at your scheduled appointment with your photo identification and fee
    - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here: http://www.l1enrollment.com/state/forms/tx/55fc619a7f7aa.doc
    - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
    - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
    - Do not throw away the receipt;
    - You may check status on your submission by clicking on this link: **https://uenroll.identogo.com/servicecode/119TF2** and then;
    - Click "**Check Status**"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

FOR APPLICANTS RESIDING OUTSIDE TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 IdentoGO Centers around Texas**,** to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. IdentoGO is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at **http://www.identogo.com** or by calling **1-888-467-2080**.The cost of this service is $10.00 plus a $27.00 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

When electronic fingerprinting is not available (i.e. out of state applicants), the following process must be followed to submit ink fingerprint cards.

1. Pre-enroll with MorphoTrust USA to submit fingerprint cards.
   - Internet based pre-enrollment is the quickest and most convenient way to submit fingerprint cards.
     a. You may begin the process now by simply clicking on this link: **https://uenroll.identogo.com/servicecode/119TF2** and then;
     b. Click "Submit a Fingerprint Card by Mail";
     c. Complete the identifying information screens;
     d. Complete the payment screen;
     e. Print the confirmation document containing a bar code and complete by signing the waiver and filling in contact information;
     f. Once you have obtained your fingerprint cards, follow mail-in directions on the confirmation document.
   - If you prefer to pre-enroll over the telephone, you must:
     a. First download the TX Fingerprint Service Code form here: http://www.bon.texas.gov/pdfs/forms_pdfs/background/TX-S-Code-119TF2-Nurse-Examiners.pdf
     b. Then call **888.467.2080**
     c. Please have the TX Fingerprint Service Code form before you call –MorphoTrust will prompt you for the Service Code (**119TF2**) on the form;
     d. Inform the MorhpoTrust representative that you wish to pre-enroll for a "**hard card submission**";
     e. Once payment is complete a summary confirmation document will be emailed to you;
     f. Print the confirmation document and complete by signing the waiver and filling in contact information;
     g. Once you have obtained your fingerprint cards, follow mail-in directions on the confirmation page.
2. Obtain a copy of your fingerprints by a criminal law enforcement agency on an original FBI APPLICANT fingerprint card that includes the Texas Board of Nursing ORI – TX920440Z. ALL requested information must be provided on the fingerprint card, and **you and the official taking the fingerprints** must sign the card.
3. **All fingerprints MUST be captured by a law enforcement agency.**
4. Once you have obtained your fingerprint cards, follow the mail-in directions found on the MorphoTrust Pre-Enrollment Confirmation Page that you previously printed and completed.
5. Wait for a receipt from MorphoTrust USA.

   - You may check status on your submission by clicking on this link: **https://uenroll.identogo.com/servicecode/XXXXXX** and then;
   - Click "**Check Status**"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

FOR APPLICANTS WITHOUT A SOCIAL SECURITY NUMBER

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust to provide statewide electronic fingerprinting by visiting one of the over 80 IdentoGO Centers around Texas. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. IdentoGO is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at **http://www.identogo.com** or by calling **1-888-467-2080**.The cost of this service is $10 plus a $29.75 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to IdentoGO only. Cash is not accepted!

If you are unable to utilize an IdentoGO Center for the fingerprint process you may be fingerprinted by any entity trained in fingerprint collection (See instructions in "A Completed Fingerprint Card" section). Be sure to use a DPS approved fingerprint card; fingerprints must be collected on a Standard FBI Fingerprint Card. These are identified as white cards with blue lines and the label "FD-258" (on the top left corner). Please do not bend the cards during mailing. Please submit only one card per envelope.

The general process for electronic fingerprinting is:

1. Pre-enroll with MorphoTrust USA to submit fingerprint cards.
   - Internet based pre-enrollment is the quickest and most convenient way to submit fingerprint cards.
     a. You may begin the process now by simply clicking on this link: **https://uenroll.identogo.com/servicecode/11G64G** and then;
     b. Click "Submit a Fingerprint Card by Mail";
     c. Complete the identifying information screens;
     d. Complete payment screen;
     e. Print the confirmation document containing a bar code and complete by signing the waiver and filling in contact information;
     f. Once you have obtained your fingerprint cards, follow mail-in directions on the confirmation document.
   - If you prefer to pre-enroll over the telephone, you must:
     a. First download the TX Fingerprint Service Code form here: http://www.bon.texas.gov/pdfs/forms_pdfs/background/TX-S-Code-11G64G-International-Candidates.pdf
     b. Then call **888.467.2080**
     c. Please have the TX Fingerprint Service Code form before you call –MorphoTrust will prompt you for the Service Code (**11G64G**) on the form;
     d. Inform the MorhpoTrust representative that you wish to pre-enroll for a "**hard card submission**";
     e. Once payment is complete a summary confirmation document will be emailed to you;
     f. Print the confirmation document and complete by signing the waiver and filling in contact information;
     g. Once you have obtained your fingerprint cards, follow mail-in directions on the confirmation page.
2. Obtain a copy of your fingerprints by a criminal law enforcement agency on an original FBI APPLICANT fingerprint card that includes the Board of Nurse Examiners ORI – TX923672Z. ALL requested information must be provided on the fingerprint card and you and the official taking the fingerprints must sign the card.
3. **All fingerprints MUST be captured by a law enforcement agency.**
4. Once you have obtained your fingerprint cards, follow the mail-in directions found on the MorphoTrust Pre-Enrollment Confirmation Page that you previously printed and completed.
5. Wait for a receipt from MorphoTrust USA.
   - You may check status on your submission by clicking on this link: **https://uenroll.identogo.com/servicecode/XXXXXX** and then;
   - Click "**Check Status**"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

NURSING JURISPRUDENCE EXAMINATION (NJE)

Effective September of 2008, all applicants for initial licensure in the state of Texas must take and pass the Nursing Jurisprudence Examination (NJE) prior to issuance of a permanent license. (Rule 217.17)

THE NJE IS:

- an examination based on the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules and Regulations;
- designed to cover information which will facilitate your practice in the state of Texas;
- a maximum of two (2) hours in length;
- "open-book" in nature in that you will have access to our website and other resource material while taking the test;
- available for 3 attempts within a 24 hour period (applicants must wait 24 hours if needing a 4th attempt)
- included in your endorsement application fee;
- **NOT the same exam as the NCLEX.**
- must be completed prior to receiving an Authorization To Test (ATT)

PREPARING FOR THE NJE:

Although outside preparation is not required for this examination, both the Nursing Practice Act and the Texas Board Rules and Regulations may be viewed on our website by going to www.bon.texas.gov and clicking on "Nursing Law and Rules". In addition, a **voluntary** online jurisprudence prep course is available on the Board's website at http://www.bon.texas.gov/olv/je-course.html.

ACCESSING THE NJE:

Within ten (10) business days of the Board receiving the examination application and fee, your credentials will be added to our database which should grant you access to the NJE.

- Go to www.bon.texas.gov/olv/je.html and follow the instructions to log on and complete the examination.

The examination takes a maximum of two hours in length. You may attempt the NJE a total of 3 times within a 24 (twenty-four) hour period. You must wait a total of 24 (twenty-four) hours if additional attempts are required. The cost of the examination is included in your application fee.

You must pass the NJE before the Texas Board of Nursing can review your application for issuance of the authorization to test (ATT).

Note: If you completed the NJE as part of the requirements for a different application/different license type, then the passing results can be used and will be transferred by staff at the time the new application is received and processed.

PEARSON VUE REGISTRATION FOR NCLEX-RN® EXAMINATION

The Board cannot approve you to take the examination or issue an online GN authorization (if eligible) unless you have paid the $200.00 NCLEX-RN® registration fee to Pearson Vue.

- The Board recommends that you register with Pearson Vue **one (1) month prior** to graduation or submitting the NCLEX examination application to the Board.

- Three registration options are available:

  (1) Online at www.vue.com/nclex using a VISA, MasterCard, or American Express credit card; or
  (2) 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) Third party registration (see candidate bulletin for more information) https://www.ncsbn.org/1213.htm

- A registration /payment is valid for one (1) NCLEX attempt

Make sure that you registered for the NCLEX-RN® examination. Registering for the wrong test type will significantly delay processing. 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 after you have been approved to take the exam, you must contact Pearson Vue to request another email.

NAME CHANGES:

The name provided on your application and the name provided to Pearson Vue should **exactly match** the name on the identification you will be using the day of your exam.

Discrepancies in the first and last name provided to Pearson Vue and your identification (i.e. driver's license, passport) may result in the applicant being counted as a "no-show" the day of the examination which would require the applicant to follow instructions for "retesting".

In the event that your name needs to be updated with the BON and/or Pearson submit the following to the Examination Department at exam@bon.texas.gov or (512) 305-7401 (fax):

- your name as it currently reflects in our system
- your updated name
- your date of birth
- a copy of the official document reflecting your true legal name change (i.e. marriage certificate, divorce decree, driver's license).
- a statement whether this needs to be updated only the BON or with the BON **and** Pearson Vue

The name change will be reflected within ten (10) business days of our office receiving the request.

SPECIAL ACCOMMODATIONS FOR THE NCLEX-RN® 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 for Registered Nurses (NCLEX-RN®). **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 https://www.bon.texas.gov/pdfs/forms_pdfs/initial_licensure_recognition_pdfs/nclex_special_accomodations_pdfs/SPECACC.pdf.

Registration with Pearson Vue must be in place **before** the approved Special Accommodations can be added to the file. Candidates requesting accommodations will not be approved to take the NCLEX-RN® or receive an online GN authorization until the special accommodations for testing have been approved by the BON.

PROOF OF GRADUATION

Rule 217.2(a)(2) states that "all applicants for initial licensure by examination shall submit verification of completion of all requirements for graduation from an approved nursing education program".

Graduates of Texas based nursing programs:

The school of nursing is required to submit your Affidavit of Graduation (AOG) electronically. If your date of graduation is one that no longer allows you to appear on the school's electronic roster with the BON, then the program must use the AOG form below.

Graduates of U.S. nursing programs in another US State or US Territory

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.**

Graduates of nursing programs outside of the U.S:

An original Credential Evaluation Service (CES) Full Education course-by-course report, must be sent directly to the BON from an approved organization.

See the Foreign Educated Nurses section of the instructions for more information.

TEXAS BOARD OF NURSING
333 Guadalupe - Suite 3-460, Austin, Texas 78701
(512) 305-7400 – Web Site: www.bon.texas.gov

Office Use Only
Rec'd Date:

Affidavit of Graduation for Graduates in the USA and US Territories (RN Candidates)

This portion of the application must be completed by the Dean/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 registered nurse on the faculty has been given the authority to sign for the dean/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 professional nursing program as stated in Rule 215.9. **Please note, this portion of the application cannot be signed prior to the date of completion or graduation date.**

Pursuant to Rule 215.6 (i)(3), I hereby certify that:

I hereby verify_____
First Name Middle Name/Maiden Name Last Name

Social Security Number:_____-_____-_____entered the _____
Name of School of Nursing

located in_____on the date of_____/_____/_____
City State Enrollment Date (month/day/year)

and has completed requirements for graduation on the date of_____/_____/_____.
month day year

NCSBN Program Code:_____-_____

Was this program conducted in English? [ ] YES [ ] NO

The applicant received:

[ ] Diploma in Nursing [ ] Associate Degree [ ] Baccalaureate Degree [ ] Masters Degree

[ ] Has met BSN requirements en route to MSN [ ] Has met requirements for repeating a nursing program

NOTE: DEAN/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 _____

Contact phone number/email address_____
(For schools outside the state of Texas)

FOREIGN EDUCATED NURSES (RULE 217.4)

Please check our Non Approved International School(s) list to ensure your nursing program is not one NOT recognized by the BON.

For applicants educated outside the U.S., the Board requires:

- a Credential Evaluations Service (CES) report
- proof of English Proficieny (if applicable)
- a Verification of License (VOL) (if applicable)
- statement of previous nursing practice (if applicable)

CREDENTIAL EVALUATIONS SERVICE REPORTS (CES):

The Board accepts the CES report from the following organizations:

- Commission on Graduates of Foreign Nursing Schools (CGFNS) www.cgfns.org, or the
- Educational Records Evaluation Service, Inc. (ERES) www.eres.com or the
- International Education Research Foundation, Inc. (IERF) www.ierf.org.

The CES report must be dated within one year of issuance by the certification organization, and will include a statement regarding the language of instruction and the educational comparability to US standards. If the nursing education program was not conducted in English with English textbooks, then proof of passing scores of English Proficiency exam is required.

ENGLISH PROFICIENCY:

The Board accepts the following, **sent directly from the agency**, in regards to proof of English Profiency :

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; or
5) the Pearson Test of English Academic (PTE) with a passing standard of an overall score if 55 with a minimum of 50 in each of the four modules.

VERIFCATION OF LICENSE (VOL):

If the applicant was licensed/granted authority to practice in another country, then BON requires a Verification of Licensure (VOL). A VOL must be received from all countries, states, provinces and/or territories you hold or have held a license or been granted authority to practice. The VOL must be included in the CES report or come directly from the licensing authority and must bear the authorities official seal. The VOL is valid for one (1) year after it is signed and sealed by the licensing authority. Mail the Verification of Licensure for NCLEX-RN® Examination form below to the licensing authority as needed.

PREVIOUS NURSING PRACTICE:

An applicant must have worked within the 4 (four) years preceding the filing of the examination application AND be within 4 (four) years of his/her date of eligibility in order to sit for the NCLEX. For purposes of the NCLEX, the date of eligibility is defined as the issuance date for the initial Authorization to Test (ATT).

NOTE: An applicant may be requested to show proof of working if the BON has cause to question an applicant's eligibility. Proof would consist of a 'statement of practice' including dates worked and listing of functions performed, completed on letterhead and sent directly to our office from the facility in which the practice took place.

TEXAS BOARD OF NURSING
333 Guadalupe - Suite 3-460, Austin, Texas 78701
(512) 305-7400 – Web Site: www.bon.texas.gov

*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 applicant 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	Date of Birth(month/day/year)	License Number
Name as it appears on original license (First, Middle, Last)	Issuance Date of Original Licensure	Name of Country/Province/Territory Issued

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 Board's address listed above.

This is to verify _____
First Name Middle Name Maiden Name Last Name

was issued # _____ _____to practice as an RN 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: [ ] 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 bear Official Seal here)

Must be original signature-Stamped signatures not accepted

Title_____

Country/State/Province/Territory_____

Contact phone number/email address _____

Date Signed_____/_____/_____
Month Day Year

GRADUATE NURSE (GN) PERMITS

- GN permits are posted the BON website within five (5) business days **AFTER** the issuance of the authorization to test (ATT).
- Verification of GN authorization may be performed online at http://www.bon.texas.gov/forms/gninq.asp

  Individuals who are not eligible for GN status include:
  - International applicants (Rule 217.3 (a))
  - Applicants who were approved with Stipulations in relation to an eligibility issue (Rule 217.3 (b))
  - Applicants who previously failed the NCLEX-RN® for Texas (Rule 217.3 (c))
  - Applicants who failed the NCLEX-RN® for another jurisdiction (NPA Sec. 301.258(b))

APPLICANTS RE-WRITING THE NCLEX-RN® EXAMINATION

All applicants must take and pass the NCLEX examination
- within four (4) years of graduation (U.S. graduates)(Rule 217.2(c)) or
- within four (4) years of the date of eligibility (for applicants educated outside of the U.S who have worked as a nurse within the past four year) Rule 217.4(4).

All applicants will receive unlimited testing attempts within their specified four (4) year period.

If you are unsuccessful on the NCLEX, you will receive a diagnostic profile providing you feedback on your performance on the exam.

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 may not be approved to take the NCLEX examination and must re-educate by completing an entire nursing program.

Requirements for receiving a new ATT

To be approved to retake the NCLEX, you must submit
- a new NCLEX Examination application and new exam fee to the BON, and
- a new registration and payment with Pearson Vue

- INTERNATIONAL GRADUATES*: if the verification of licensure (VOL) is over 1 year from issuance, you must make arrangements for the BON to receive a new VOL

The NJE, CBC results, and proof of graduation do not need to be repeated.

* ALL files are kept in accordance with the BONs Records Retention schedule. Therefore, there may be occasion for new documentation to be obtained. You will be notified if this is the case.

Candidates will not be approved to re-take the examination until all required information is received.

Applicants who were granted special accommodations by the Texas BON for the previous NCLEX must attach a statement requesting implementation of the same accommodations if applicable.

EXAMINATION RESULTS

Applicants may access this information located on our web site at www.bon.texas.gov Licensure information is updated daily. If a license has not been issued, this does not necessarily mean you have failed the exam.

Results will not be released over the telephone or via email to the applicants. If you have not received your results within 30 days of the date that you took the NCLEX-RN® contact the Board to request the results be re-mailed.

CHECK LISTS

The following must be received by the BON for your application to be complete. The BON will be unable to approve applicants to take the NCLEX-RN® unless the following information is submitted. Please keep in mind that some documentation provided to the BON to approve your application is time sensitive and may expire.

First Time Test Takers (Graduates of the U.S. and US Territories)

[ ] Application by NCLEX-RN® Examination
[ ] **Fee of $100.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier's check or money order.
[ ] Completed Criminal Background Check (CBC)
[ ] Nursing Jurisprudence Examination (NJE)
[ ] Registration with NCS Pearson/VUE to take NCLEX-RN® examination. (DO NOT SEND $200.00 NCLEX-RN® FEE TO THE BOARD)
[ ] Affidavit of Graduation from Nursing Program

Foreign Educated Applicants

[ ] Application by NCLEX-RN® Examination
[ ] **Fee of $100.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier's check or money order.
[ ] Completed Criminal Background Check (CBC)
[ ] Nursing Jurisprudence Examination (NJE)
[ ] Registration with NCS Pearson/VUE to take NCLEX-RN® examination. (DO NOT SEND $200.00 NCLEX-RN® FEE TO THE BOARD)
[ ] CES Full Education course-by-course report
[ ] Proof of English Proficiency scores, if applicable
[ ] Verification of Licensure (VOL) from all countries, states, provinces and/or territories you hold or have held a license as a first-level, general nurse, if applicable

Rewriting the NCLEX-RN®

[ ] Application by NCLEX-RN® Examination
[ ] **Fee of $100.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier's check or money order.
[ ] Registration with NCS Pearson/VUE to take NCLEX-RN® examination. (DO NOT SEND $200.00 NCLEX-RN® FEE TO THE BOARD)