

INSTRUCTIONS FOR COMPLETING THE PETITION
FOR REINSTATEMENT OF LICENSURE

PLEASE PROVIDE ALL THE INFORMATION REQUESTED ON THE PETITION. WHEN COMPLETING THE PETITION, PLEASE TYPE OR LEGIBLY PRINT IN BLUE OR BLACK INK. SUPPORTIVE DOCUMENTATION IS REQUIRED AND MUST BE SUBMITTED ALONG WITH THE PETITION.

YOU MUST HAVE AN ACTIVE NURSE PORTAL ACCOUNT WITH A VALID EMAIL ADDRESS IN ORDER TO PETITION FOR REINSTATEMENT OF ANY LICENSE.

BECAUSE THIS OFFICE MUST AUTHORIZE YOUR FEDERAL BACKGROUND CHECK, YOU MUST WAIT AT LEAST TWO (2) WEEKS AFTER SUBMITTING YOUR COMPLETED PETITION BEFORE CONTACTING THE DPS CONTRACTOR ABOUT YOUR BACKGROUND CHECK.

YOUR PETITION WILL BE CONSIDERED INCOMPLETE UNTIL ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED BY THIS OFFICE, INCLUDING THE FEDERAL BACKGROUND CHECK.

EXAMPLES OF SUPPORTING DOCUMENTATION

- QUESTION 8: You must be able to show documented proof of at least one (1) consecutive year of sobriety.
- a) Discharge papers from any inpatient or outpatient treatment program for substance abuse;
 - b) Letter from your treating physician indicating your ability to safely practice nursing;
 - c) Letter from your past/current therapist/counselor;
 - d) Random negative drug screens (12 months);
 - e) Documentation of regular support group attendance (with signatures from chairpersons or others who can attest to your sobriety); and
 - f) Letter of support from your sponsor.
- QUESTION 9:
- a) Discharge papers from any treatment program in which you took part;
 - b) Letter from therapist/psychologist indicating your prognosis and any recommendations for further treatment (including any present medications prescribed); and
 - c) Letter from any other treating physician indicating your ability to safely practice nursing.
- QUESTION 10:
- a) Copies of the charges/indictment;
 - b) Copies of the judgement/disposition; and
 - c) Written verification from the Court or its officer of your compliance with and/or successful completion of probation/parole.
- QUESTION 11: Copies of all disciplinary action taken against your license(s) other than by the Texas Board of Nursing.
- QUESTION 16: Letters of reference from current and former employers or other professional references (suggest three or more).
- QUESTION 18: In addition to any other documentation, you must provide documents verifying attendance of at least 20 contact hours of continuing nursing education programs.

ANSWERS TO FREQUENTLY ASKED QUESTIONS REGARDING REINSTATEMENT

1. Q. How soon after revocation/voluntary surrender of my license may I petition for reinstatement of my license?
A. You may not petition for reinstatement until at least one (1) year has elapsed from the date the Order was issued or a longer period if specified in your Order.
2. Q. How is the time and place for my hearing decided?
A. Upon receipt and review of your petition, if an informal conference is scheduled, it will be scheduled at the earliest date available, which will usually be within 2 to 3 months.
3. Q. May I have a person come to speak in my behalf?
A. Yes, however, their testimony should be directed specifically toward your nursing competence and rehabilitation.
4. Q. May I be represented at the hearing by an attorney?
A. Yes, at your own expense.
5. Q. How is the informal conference conducted?
A. You meet with a panel composed of Board staff who will consider your petition.
6. Q. What will I be expected to do?
A. You will be asked to provide information and answer questions by the panel relevant to considering your petition.
7. Q. When will I be notified of the decision regarding my petition for reinstatement?
A. You will receive by mail either a proposed Reinstatement Agreed Order or an invitation to an informal conference to discuss your petition. If an informal conference is conducted, you will be informed as to the panel's recommendation at the end of the informal conference. If the panel's recommendation is that your license(s) be reinstated, a Reinstatement Agreed Order will be drafted and mailed to you for your consideration. If you accept the Agreed Order, you must sign it and return it to the Board office. It will then be presented to the Board for their approval or rejection. If the Board rejects the Agreed Order, you may request a public hearing or re-petition for reinstatement after the date specified when your petition was considered.
8. Q. What can I do if the recommendation is to deny reinstatement?
A. If your petition for reinstatement is denied, you may request that you be scheduled for a public hearing before an Administrative Law Judge after the date specified where your petition is considered.
9. Q. Will there be an audience at the informal conference?
A. Informal conferences are not open to the public.
10. Q. Who do I call if I have further questions?
A. Contact the Eligibility Department at (512) 305-6838.

**RETURN TO: TEXAS BOARD OF NURSING
ATTN: ELIGIBILITY
ENFORCEMENT DEPARTMENT
1801 CONGRESS AVENUE, SUITE 10-200
AUSTIN, TEXAS 78701**

TEXAS BOARD OF NURSING
PETITION FOR REINSTATEMENT OF LICENSURE

1. Name: _____
(first) (middle) (last) (maiden)

2. Address: _____
(street) (city) (state) (zip code)

*Please note: You must submit all address changes via your nurse portal account. **Failure to ensure your nurse portal account has your current mailing and/or residential address may result in correspondence being sent to an incorrect address.***

3. E-mail Address: _____
This e-mail must match the email address associated with your nurse portal account.

4. Telephone: _____
(home) (work)

5. Licensure Information

LVN License Number: _____ APRN License Number: _____

RN License Number: _____ Prescription Authority Number: _____

Date of Revocation or Voluntary Surrender: _____

Reason for Revocation or Voluntary Surrender: _____

6. Please indicate which of your licenses are included in this petition for reinstatement:

LVN - Yes: _____ No: _____ APRN - Yes: _____ No: _____

RN - Yes: _____ No: _____ Prescription Authority - Yes: _____ No: _____

7. Name and Address of Current Employer: _____

Your position: _____ Hire date: _____

8. * Have you, in the last 5 years, been addicted to and/or treated for the use of alcohol or any other drug? Yes: _____ No: _____

If yes: What is your date of sobriety? _____

Have you been enrolled in the Board's Drug and Alcohol Testing Program? Yes: _____ No: _____

Please also submit any documents relevant to your current ability to safely practice nursing.

9. * Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner? Yes: _____ No: _____

If Yes, please submit any documents relevant to your current ability to safely practice nursing.

10. * For any criminal offense, including those pending appeal, have you:

Yes: ___ No: ___ Been arrested and have any pending criminal charges?

Yes: ___ No: ___ Been convicted of a misdemeanor?

Yes: ___ No: ___ Been convicted of a felony?

Yes: ___ No: ___ Pled nolo contendere, no contest, or guilty?

Yes: ___ No: ___ Received deferred adjudication?

Yes: ___ No: ___ Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?

Yes: ___ No: ___ Been sentenced to serve jail, prison time, or court-ordered confinement?

Yes: ___ No: ___ Been granted pre-trial diversion?

Yes: ___ No: ___ Been cited or charged with any violation of the law?

Yes: ___ No: ___ 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 offense, 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. 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.

If Yes above, please explain: _____

* Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, imtemperate 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.

11. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province? (You may exclude disciplinary actions taken by or disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

Yes: _____ No: _____ If Yes, please provide copies of any disciplinary action(s).

12. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

Yes: _____ No: _____ If Yes, please explain: _____

13. * Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs) * Note - Any positive response will remain confidential and not subject to public disclosure unless required by law.

Yes: _____ No: _____ If Yes, please explain: _____

14. Are you currently the target or subject of a grand jury or governmental agency investigation?

Yes: _____ No: _____ If Yes, please explain: _____

15. What was the date you last practiced nursing? _____

NOTE: Providing a response to this question is required in order for your petition for reinstatement to be processed.

16. Please list **ALL** employers since graduating from your nursing program (attach additional sheets of paper as needed):

Date	Position	Facility	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. What additional steps, if any, have you taken to insure that you are currently safe to practice as a nurse?

18. Have you included copies of all certificates indicating your successful completion of the 20 hours of continuing education, as required for re-licensure?

Yes: _____ No: _____

Attestation/Consent to Release & Use of Confidential Records

I, the individual whose name appears within this Petition, 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)(I) 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.

Signature: _____ Date: _____
(SIGNATURE REQUIRED)

NOTICE: The information contained in this petition is not considered proof or evidence. Proof and evidence consists of original supporting documentation submitted along with this petition. All supporting documentation must be received by the Board before your petition can be considered.