

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.

**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 SUPPORT 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 14: Letters of reference from current and former employers or other professional references (suggest three or more).

QUESTION 16: 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 a year has elapsed from the date the Order was issued.
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  
333 GUADALUPE STREET, SUITE 3-460  
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)

*The above address will be processed as a change of address for your license(s) if it is different from the existing address.*

3. E-mail Address: \_\_\_\_\_  
*Providing an e-mail address is required for processing all criminal background checks and petitions for reinstatement of licensure, and the email address you provide to the Board is subject to release to the public pursuant to the Texas Public Information Act.*

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. \* Within the past five (5) years have you 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 ability to currently practice nursing safely.

9. \* 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? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

10. \*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.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Pursuant to the 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 Occupations Code §301.466.

11. 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? (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 a copy of the disciplinary action.

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

13. 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.**

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

16. 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 as proof -- proof consists of original documentation formally submitted along with this petition. All documentation must be received by the Board before your petition can be considered.**