

Office of Professional Regulation  
Vermont Board of Nursing

**Application for Licensure by NCLEX Pass Endorsement – International Applicants**

**Instructions:**

All required documents for this application must be received by this office within 1 year of receipt. If application remains incomplete after 1 year, it will expire and be destroyed. If you are interested in reapplying, a new application, fee and requirements must be submitted.

The State of Vermont works directly with two credentialing agencies. You may conduct your credentials review with either company; their contact information is listed below. Please request your **Vermont-specific** Credentials Evaluation Service (CES) Report prior to applying to the State of Vermont, as it may take several weeks for the credentials evaluation to be completed.

**Credentials Evaluation Information**

<p><b>International Education Research Foundation, Inc.</b> P.O. Box 3665 Culver City, CA 90231 Website: <a href="http://www.ierf.org">www.ierf.org</a> Email: <a href="mailto:alliedhealth@ierf.org">alliedhealth@ierf.org</a> Phone: 310-258-9451</p> <p>Applicants apply for a Vermont specific Credentials Evaluation Service (CES) report.</p>	<p><b>CGFNS International</b> 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA Website: <a href="http://www.cgfns.org">www.cgfns.org</a></p> <p>Phone: 215-349-8767</p> <p>Applicants apply for the Vermont Specific Credentials Evaluation Service (CES) report.</p> <p>The Board of Nursing accepts <b>either</b> the Full Education Course-by-Course Report or the Healthcare Profession and Science Report.</p>
---	--

**When applying to CGFNS for a Vermont Specific CES report:** Follow the instructions on the CGFNS website, section 13b and indicate Vermont Board of Nursing as the second recipient for the CES report.

**When applying to IERF for a Vermont Specific CES report:** Follow the instructions on the IERF website.

**For Applicants who already hold a CGFNS Certificate:** You must also submit a **Vermont-specific** CES report.

**For RN's whose nursing program was NOT taught in English:** In order to apply to the State of Vermont, you must have completed the CGFNS Certificate Program. You may register with CGFNS at [www.cgfns.org](http://www.cgfns.org) or contact them at 215-349-8767. Your application will be reviewed when a copy of the certificate is received and all other required application materials are on file in this Office.

Notice: The State of Vermont is currently not accepting RN applications from applicants educated in Haiti.  
Effective 9/10/08

**Continued on next page**

**Payment:**

1. Payment must be in US funds from a bank with a United States affiliate
2. Payment can be sent in the form of check, money order, demand draft or travelers check.
3. The \$150.00 application fee must arrive with the application or the application will be returned to you.
4. Payment is not refundable

**To complete your Vermont application you must:**

1. A Social Security Number is not required to apply for licensure by examination/endorsement. If you have a Social Security number it must be provided to our office.
2. If you do not have a Social Security number, you must provide your passport information instead.
3. Enter your name exactly as it appears on your passport.
4. Provide an email address. Please make sure it is clearly printed, as any requests for information will be sent to you by email and by regular post.
5. You are required to answer all of the legal question within this application.
6. If you have taken and failed the NCLEX-RN through another state, you must submit copies of your NCLEX-RN failure reports with the application.

**Enclosures:**

1. Enclose a photocopy of your current RN license showing expiration date.
2. Enclose a photocopy of your original RN license showing expiration date (if different).
3. Enclose a copy of your current passport (just the open face page) or United States identification.
4. Enclose a copy of the NCLEX-RN Candidate Report with Photo.
  - If you do not have a copy of the NCLEX-RN Candidate Report with Photo You will need to request in writing to the state Board where you took and passed the NCLEX for a copy of this report.
  - Some states charge a fee for this request.

**Application on next page**

Office of Professional Regulation  
 Vermont Board of Nursing  
**Application for Licensure by NCLEX Pass Endorsement – International Applicants**

2x2 Recent Photo- Paste Here  Passport sized photo of head and shoulders taken within the last 6 months.	Application Fee: \$150.00  Office Use Only
--	--

**Directions:**

Enclose a check or money order in the amount indicated, payable to "Office of the Secretary of State". **This application fee is non-refundable.**

Name: _____			
(Last/Sur)	(First)	(Middle)	(Former/Maiden)
Mailing address: _____			
(Street or P.O. Box)			
_____			
(City)	(State)	(Country)	(Zip/Postal Code)

Agency- If applicable list Agency Name and Address			
Name: _____		Email address: _____	
_____			
(Street or PO Box)	(State)	(Country)	(Zip/Postal Code)

If your 911 address is different from your mailing address, please indicate the physical or 911 address here:	
_____	
_____	
_____	

Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14)).

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) _____
Social Security # _____ - _____ - _____	Place of Birth(city,state,country) _____

\*\*\* Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, Labor and the Judiciary in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request.

**A Passport Number IS required if you do not have a Social Security Number.**

Passport #: _____		Country of Issue: _____		Expiration Date: _____	
Home Telephone: (_____) _____			Cell Phone: (_____) _____		
Country/Area code			Email address: _____		

**Continued on next page**

**Section B:**

Please answer yes or no to each of these questions. If the answer is yes please follow the provided instructions.

Have you ever committed acts of abuse, neglect, or misappropriation of patient property? <i>If "Yes", provide a detailed written explanation and attach all related documents.</i>	Yes	No
--	-----	----

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) ever denied your application for a license, certificate, or registration in any profession or occupation? <i>If "Yes", attach an official copy of the order or official notification of the action.</i>	Yes	No
--	-----	----

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) ever restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes", provide an official copy of the order or official notification of the action.</i>	Yes	No
--	-----	----

Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes", provide a detailed written explanation.</i>	Yes	No
--	-----	----

Are you currently under investigation by another licensing authority? <i>If "Yes", provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
---	-----	----

Have you ever been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are <u>not</u> minor) <i>If "Yes", provide a detailed written explanation and attach the official certified court documents.</i>	Yes	No
---	-----	----

Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes", provide a detailed written explanation and attach a copy of the charges.</i>	Yes	No
---	-----	----

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes", please have your provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
---	-----	----

Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes", provide a detailed written explanation.</i>	Yes	No
--	-----	----

Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs? <i>If "Yes", provide a detailed written explanation.</i>	Yes	No
---	-----	----

Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? <i>If "Yes", please provide the contract/stipulation under which you are practicing.</i>	Yes	No
---	-----	----

Note: It is unprofessional conduct for a licensee to fail to report to the Office of Professional Regulation a conviction of any felony or any offense related to the practice of the profession in a Vermont district court, a Vermont superior court, a federal court, or a court outside Vermont within 30 days (3 V.S.A. § 129a(a)(11)).

**Continued on next page**

**Section C:**

**CHILD SUPPORT:**

Child Support Orders (15 V.S.A. § 795)

As of the date of this application: (you must check one)

- I am not subject to a child support order; OR
- I am subject to a child support order and am in good standing\* or in full compliance with a plan to pay
- I am not in good standing or in full compliance with a plan to pay.\*\*

**TAXES:**

Tax Compliance (32 V.S.A. § 3113(b)):

As of the date of this application: (you must check one)

- I have never lived or worked in Vermont and do not owe Vermont taxes; OR
- no taxes are due and payable and all required returns have been filed; OR
- the liability for any taxes due and payable is on appeal; OR
- I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
- I am not in good standing\* or in full compliance with a plan to pay.\*\*

**UNEMPLOYMENT COMPENSATION:**

Unemployment Compensation (21 V.S.A. §1378(b)):

As of the date of this application: (you must check one)

- This does not apply to me because I am not now, nor have I ever been an employer in Vermont; OR
- No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
- I am not in good standing\* or in full compliance with a plan to pay.

**DISTRICT COURT FINES / JUDICIAL BUREAU:**

Unpaid Judgments (4 V.S.A. § 1110(c))

As of the date of this application: (you must check one)

- I do not have any unpaid judgments.
- I am in good standing\* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.
- I am not in good standing.\*

\* "Good standing" is defined by various laws cited above. For more information, refer to the statute or consult the "information for applicants" on the Office of Professional Regulation web page. ([www.vtprofessionals.org](http://www.vtprofessionals.org))

**Section D:**

Have you ever taken the NCLEX-RN exam? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach copies of your NCLEX-RN results and complete the following:

Through which state did you take the NCLEX-RN: \_\_\_\_\_

Number of times the NCLEX-RN was taken: \_\_\_\_\_

Date NCLEX-RN was taken: \_\_\_\_\_

**Section E:**

I have graduated from my nursing education program within the last five (5) years: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Name of Nursing School \_\_\_\_\_  
(MMDDYYYY)

**Continued on next page**



**Section G:**

If you practiced as a registered nurse in a private duty capacity or as a volunteer, attach:

**Private Duty:**

1. An Official letter from the Attending Physician on their letter head, stating that RN care was required. The letter must clearly list the Physicians name, title, contact telephone number and have their signature.
2. A letter from your Employer or Client, verifying your role and duties as a Private Duty Nurse. They must verify the number of days, hours and dates worked. The letter must clearly list the Employer/Clients name, contact telephone number, email address, mailing address and have their signature.

**Volunteer/Nurse Trainee:**

1. An Official letter from your Employer sent directly to the Vermont Board of Nursing office from the Director of Nursing or Director of Human Resources. A copy of your Job Description as a Volunteer Nurse, and a letter listing the number of days, hours and dates worked. The letter must clearly list the name of the Director of Nursing or Director of Human Resources, their telephone number, email address, mailing address and have their signature.

I hereby certify that I understand that my application will not be complete without completing a **Vermont-specific** Credentials Evaluation Service (CES) Report. I understand that my application must be completed within one year. Check off the statement below that applies to you:

I will be obtaining a CES Report from:  CGFNS  IERF  
I have already sent a CES Report from:  CGFNS  IERF

I have included a CGFNS Certificate with my application, and I understand that I must also obtain a **Vermont-specific** CES report.

If you have already submitted a Verification of Licensure, Verification of Education or Transcripts to the Vermont Board of Nursing, Vermont offers the option of sending those documents to either CGFNS or IERF for their evaluation. Please check one of the following **if it applies**:

I have already submitted documents to the State of Vermont. Please mail them to:  CGFNS  IERF

**Statement of Applicant**

**I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure or further disciplinary sanction.**

**Signature:**

**Date:**

Please send with completed application and fee to:  
Board of Nursing  
Office of Professional Regulation  
National Life Building, North, Floor 2  
Montpelier, VT 05620-3402