

Graduates of International Nursing Schools Application for Licensure by Examination/Endorsement

Instructions – Practical Nurse Application

Please carefully read these instructions before submitting your application for a Vermont PN license.

Credentials Evaluation Information:

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 Credentials Evaluation Service Report prior to applying to the State of Vermont, as it may take several weeks for the credentials evaluation to be completed.

International Education Research Foundation, Inc. P.O. Box 3665 Culver City, CA 90231 Website: www.ierf.org Email: alliedhealth@ierf.org Phone: 310-258-9451 Applicants are encouraged to apply online for a Vermont specific Credentials Evaluation Service report.	CGFNS International 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA Website: www.cgfns.org Phone: 215-349-8767 Applicants are encouraged to apply online for either the <i>Full Education Course-by-Course Report</i> or the <i>Healthcare Profession and Science Report</i> that is specifically for the State of Vermont.
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Notice: The State of Vermont is currently not accepting LPN applications from applicants educated in Haiti or Jamaica.

Please note:

- Application forms are inspected on the date of receipt.
- Applications are returned if the fee is not included.
- Applications will not be reviewed if all sections are not completed.
- Applications will be reviewed to determine eligibility for the NCLEX only after all required information is on file in this Office.

To complete your Vermont application you must:

1. Complete Pages 1 through 5
 - a. Line by line instructions are provided below
 - b. Complete all sections
 - c. Fill in all blanks
2. Submit the Application fee of \$150.00 payable to: Vermont Secretary of State.
 - a. **Payment must be In US funds from a bank with a United States affiliate.**
 - b. The \$150.00 must come with the application or the application will be returned.
 - c. Payment can be sent in the form of check, money order, demand draft or travelers check.
 - d. Payment is not refundable.
 - e. Have your name written somewhere on the check.
3. Request your country's licensing authority to complete the Verification of Licensure form. This should be certified, sealed in an envelope by the licensing body and included with your

application packet or sent directly from the licensing authority to our office. We need this verification for your original license and your most current license.

4. Submit one recent passport type photograph
 - a. Photo must be (2 inch X 2 inch) in size, head and shoulders only, and must be recent (taken within the last 6 months).
 - b. Attach photo to application.
5. Submit a copy of your current nursing license
 - a. The license must be in good standing and show an expiration date.
 - b. Please note: If you do not hold a current practical nursing license you are not eligible to take the NCLEX-PN through Vermont.
6. Submit a photocopy of your passport (just the open face page).
 - a. Be sure that the copy provided is clear and easy to read.
 - b. Please note: **Write your name on the Vermont application exactly as it appears on your passport, or you will not be able to sit for the exam.**

Line by Line Instructions: (Fill out all sections. Do not leave any blanks)

Page 1:

- Enter your name exactly as it appears on your passport.
- Please provide an email address. Please make sure it is clearly printed, as any requests for information will be directed to your email.
- Add our email address (foreign_nurse@sec.state.vt.us) to your address book so that if we contact you via email, it does not get filtered to junk mail. *It is the responsibility of the applicant to add the International Nurse email address to their contact lists so that emails regarding application status are received. Email will be the primary form of communication from this office.*
- Please note: If an applicant is represented by an Agency – Only the Agency may contact the Office. All correspondence related to the applicant will be sent directly to the agency.
- You must provide a Social Security Number if you have one.
- If you do not have a Social Security Number, you must provide passport information instead.

Page 2:

- Indicate how many hours you have worked as a nurse in the last 5 years. Do not leave this section blank. Your application will be considered incomplete. If you have not worked in the last 5 years, check the “I have not worked as a nurse in the last 2 or 5 years” box.
 - Please note: If you graduated from your nursing program within the last 5 years and have not worked at all, you may leave the section blank.
- Completely fill out your school’s contact information, including their full address, the degree you earned, and the date you graduated. This information is all required.
- Provide your license information. If you do not hold a license, you are not eligible to sit for the exam through the State of Vermont.
 - Provide your original nursing license country, license number, issue date, and expiry date.
 - Provide your current nursing license country, license number, issue date, and expiry date if different.

Page 3:

- You are required to answer all of the legal questions on this page.

Page 4:

- You are required to answer all of the legal questions on this page.

Page 5:

- If you have taken the NCLEX one or more times, be sure to let us know the date(s) and in which state(s). Also include copies of your fail letters (with photos) with this application. You can obtain those letters from the Board of Nursing in the State through which you took the exam.
- You MUST sign and date this page.

Please review your application carefully. Failure to follow all of these instructions very carefully will result in an incomplete or incorrect application and will slow the process.

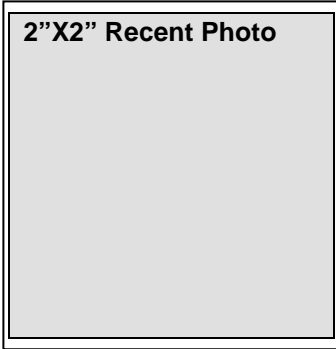
Guidelines for Contacting this Office:

- To check your application status, check the website. www.vtprofessionals.org/opr1/nurses and follow the relevant instructions.
- For queries on applications submitted more than 5 months ago, email and either the auto-reply will answer your question or we will respond. Please be sure to state your full name and the date your application was received in the email.
- Questions that can be answered by looking at the website or the application form itself will not be responded to through email.
- Please read all relevant information from the website before contacting this office.

Ready to submit your application? Use the following checklist to be sure you have included everything you need.

- Included the \$150 fee
- Included a 2x2 inch photo
- Included email address – Printed CLEARLY.
- Filled out educational information
- Filled out work history information
- Filled out license and passport information
- Answered question concerning whether or not you have taken the NCLEX, and how many times.
- If you have taken the NCLEX, you have included copies of your fail letters from the Board of Nursing you took the exam through
- Included copy of passport
- Included copy of initial nursing license.
- If you hold any additional active nursing licenses, include copies.
- Answered ALL legal questions
- Signed application
- Requested CES report from either IERF or CGFNS and indicated its status on the application.

Please Visit the *International Nurse Frequently Asked Questions* page on our website <http://vtprofessionals.org/opr1/nurses/> for answers to common questions regarding the application process.



Practical Nurse Application

Type or Print. When space is insufficient, attach additional sheets.

Last Name/Surname/Family Name (As on Passport)		First Name	MI	Former/Maiden
Mailing Address - Street				
City	State	Country	Postal Code	
Telephone:	Fax:	E-Mail:	Date of Birth	

*Note: Please add our email address (foreign_nurse@sec.state.vt.us) to your email address book so that when we email you it does not get filtered to your bulk/junk mail folders. It is the responsibility of the applicant to add the International Nurse email address to their contact lists so that emails regarding application status are received. Email will be the primary form of communication from this office.

Agency – If applicable list Agency Name and Address			E-Mail:
Address	City	State	Postal Code

A Social Security Number is **NOT** required if you are not a U.S. citizen and do not have a Social Security Number.

Social Security # _____ / _____ / _____

* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. YOUR SOCIAL SECURITY NUMBER IS NOT SUBJECT TO DISCLOSURE 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: _____

Board of Nursing - Vermont Secretary of State - Office of Professional Regulation
National Life Building, North, Floor 2, Montpelier, VT 05620-3402
E-Mail: foreign_nurse@sec.state.vt.us Web: www.vtprofessionals.org

I have practiced nursing as defined in 26 V.S.A. § 1576, for at least (check the appropriate statement):			
<input type="checkbox"/>	120 days (960 hours) in the last 5 years	<input type="checkbox"/>	50 days (400 hours) in the last 2 years

Position #1 (most recent)			
Employer (Institution Name)	City	State	Country
Dates of Employment:	From:	To:	
Full Time or Part Time?		Paid or Volunteer?	
Job Title:			

Position #2			
Employer (Institution Name)	City	State	Country
Dates of Employment:	From:	To:	
Full Time or Part Time?		Paid or Volunteer?	
Job Title:			

<input type="checkbox"/> I have not worked as a nurse in the last 2 or 5 years. (check the box if this statement applies to you)

You must have either worked as a nurse as stated above or have graduated within the last 5 years in order to qualify to sit for the NCLEX through the State of Vermont.

Nursing Education: Name, City & State of College/University Attended - Institution must also complete the Nursing Education Certification form.	Type of Degree Earned	Date Graduated (mm/dd/yyyy)
Name: _____ _____		
Address: _____ _____		
Email: _____ Phone: _____		

Country of Initial Licensure	License #	Date Issued	Date Expires(d)
Country of Other Licensure	License #	Date Issued	Date Expires

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)

** You may request that the licensing authority find that requiring immediate payment of child support due and payable would impose an unreasonable hardship. This form is available on the Office of Professional Regulation web page.

You are required by law to answer ALL of the following questions.

Circle Yes or No. A yes requires a written explanation, and/or other documentation		
1. 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
2. Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied your application for a license, certificate, or registration in any profession or occupation? <i>If "Yes," attach a copy of the order or official notification of the action.</i>	YES	NO
3. Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) 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 a copy of the order or official notification of the action.</i>	YES	NO
4. Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," provide a detailed written explanation.</i>	YES	NO
5. 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
6. Have you EVER been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not minor) <i>If "yes," provide a detailed written explanation and attach the official court documents.</i>	YES	NO
7. 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 charging documents.</i>	YES	NO

Circle Yes or No. A yes requires a written explanation, and/or other documentation. Answers to these Questions are not subject to public disclosure.		
1. 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
2. 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
3. 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
4. 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

1. Have you ever taken the NCLEX exam?	YES	NO
<p>If you answered "Yes" please let us know what state you have taken NCLEX through and include a copy of your results with this application.</p> <p><i>*Candidates who do not retake the examination within two years of the initial examination may retake the examination only after an approved comprehensive NCLEX review course.</i></p> <p><i>*Candidates who fail the examination two times shall, before being considered for a third examination, complete a comprehensive NCLEX review course. The Candidate shall provide the Board with a copy of the following:</i></p> <ol style="list-style-type: none"> 1. curriculum plan 2. certificate of completion 3. final overall course score. 		
Number of times the exam was taken:		
Dates the exam was taken:		
US States through which the exam was taken:		

If you have failed the NCLEX, include copies of your fail letters (with photos) with this application. You can obtain those letters from the Board of Nursing in the State through which you took the exam.

<p>I hereby certify that I understand that my application will not be complete without completing a 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:</p> <p>I will be obtaining a CES Report from: <input type="checkbox"/> CGFNS <input type="checkbox"/> IERF I have already sent a CES Report from: <input type="checkbox"/> CGFNS <input type="checkbox"/> IERF</p> <p><input type="checkbox"/> I have completed a CES Report for another State and have requested that a copy be sent from CGFNS. I understand that I also need to submit a license verification form from my licensing authority if I choose this option. I also understand that a CES from another state may not be sufficient to evaluate my Vermont file, and that I may be required to obtain a Vermont specific CES Report.</p>

Statement of Applicant
<p>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.</p>
<p>Signature: _____ Date: _____</p>

6-30-09 Approved LP