

Office of Professional Regulation
 Vermont Board of Nursing
Practical Nurse Licensure by Examination

2x2 Recent Photo- Paste Here Passport sized photo of head and shoulders taken within the last 6 months other than your driver's license or passport.	Application Fee: \$90.00 Office Use Only
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Directions:

You may only apply for licensure by examination in one state.

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

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

You must complete each section of this form. **Please print clearly.**

Section A:

Name: _____			
(Last)	(First)	(Middle)	(Former/Maiden)
Mailing address: _____			
(Street & P.O. Box)			

(City)	(State)	(Zip Code)	

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)).

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

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.

Home Telephone: _() _____	Cell Phone: _() _____
Work Phone: _() _____	E-Mail Address: _____

Continue to 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)).

Continue to 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)

** 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.

Section D:

Name of Nursing Program/School: _____

Type of Program: _____ Diploma _____ Associate Degree _____ Other _____

Street or P.O. Box: _____

City, State & Zip Code: _____

Telephone Number: () _____ Name of Dean/Director: _____

Continue to Next Page

Section E: Required Enclosures – the following **must** be submitted for licensure:

- Completed Verification of Education: This form must be completely filled out, signed, dated and enclosed in a sealed envelope by your nursing program. This sealed envelope must arrive with this application. NOTE: If you took any of the subject areas listed on the VOE form in a school/program other than your primary nursing program, you are responsible for requesting the sealed transcripts from the school to attach to your application.
- Stamped Official Transcripts: Graduates of nursing programs located outside Vermont must attach to this application stamped official transcripts in an envelope sealed by the school.
- A photocopy of your current driver's license, government issued ID or passport.

Section F: Temporary Permit

A temporary permit to practice as a LPN applicant may be issued within 30 days of program completion. This permit remains valid pending receipt of NCLEX-PN examination results or 90 days, whichever comes first.

I am requesting a temporary permit to practice as a LPN Applicant. Yes No

I understand that my temporary permit to practice as a LPN Applicant allows me to practice only when supervised by a currently licensed Registered Nurse who is on the premises of the employing institution and is specifically assigned the responsibility of supervising me. Yes No

THE 90 DAY PERMIT CAN NOT BE EXTENDED.

Section G: Pearson Vue Registration

You are encouraged to register with Pearson Vue Testing Agency prior to submitting this application. Until you are registered with Pearson Vue you will not be able to schedule your NCLEX.

Pearson Vue Candidate Identification Number _____

Section H: You may only apply for licensure by examination in one state.

- Have you applied for licensure by examination in any other US State or Territory?
 Yes No If yes, which state and on what date? _____

Section I: Do you give the Vermont Board of Nursing permission to send a copy of your NCLEX results to your nursing program? Yes No

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration. (The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. 13 VSA §2901.)

Signature of Applicant

Date:

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

www.vtprofessionals.org/opr1/nurses

End of Application

Office of Professional Regulation
Vermont Board of Nursing

Verification of Education

This page and the following page must also be stamped by the school

Last Name	First Name	MI	Former/Maiden Name (As on School Documents)		
Mailing Address – Street		City	State	Zip	Date of Birth
I hereby authorize the School of Nursing to furnish to the Board of Nursing the information requested below.					
Signature			Date		

Information Below To Be Completed by the School of Nursing

Name of Nursing School	
Mailing Address	
Program Commenced (mm/dd/yyyy)	Date of Program Completion(mm/dd/yyyy)
Date of Graduation (mm/dd/yyyy)	Degree/Certificate Earned (mm/dd/yyyy)

Is your Nursing Program approved or accredited?	YES	NO
Provide the name (s) of the governing body or agency below:		
Name		
Name		

Continue to Next Page

LPN Verification of Education Page 2

Last Name _____ First Name _____ MI _____

Summary of Theoretical Education and Clinical Practice Hours

Clinical Area of Practice	Theory Hours	Course/Subject Title/Number (REQUIRED)	Clinical Hours	Course/Subject Title/Number (REQUIRED)
Adult Nursing				
Maternal/Infant Nursing				
Psychiatric/Mental Health Nursing				
Pediatric Nursing				

Support Courses:	Theory Hours	Course/Subject Title/Number (REQUIRED)
Anatomy and Physiology		
Social/Behavioral Science		

Print Name		Date		Official School Seal/Stamp
Position/Title		Telephone		
		Email		
Signature of Dean/Director				

Note: Please sign and place official school stamp on BOTH pages of this form. Thank you.