

Office of Professional Regulation
 Vermont Board of Nursing
Nursing Assistant Licensure by Examination
Nursing Student Application

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: \$20.00 For Office Use Only
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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.**

All required documents for this application must be received by this office within 6 months of receipt. If application remains incomplete after 6 months 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)	(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: ___ Male ___ 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: _____

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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)).

Note: Official documents must be certified

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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.
- A photocopy of your current driver’s license, government issued ID or passport.

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

If your LNA license application is approved, we will notify D&S Diversified Technologies that you are authorized to schedule your examination. At that time we will send you a Candidate Handbook with the test application.

A 90 day temporary permit to practice as a LNA will be issued once D&S Diversified Technologies has notified the Board of Nursing that you have scheduled an exam date.

THE 90 DAY PERMIT CAN NOT BE EXTENDED.

End of Application

**Nursing Student Applicants for Nursing Assistant Licensure (LNA)
Verification of Education**

This form, completed and placed in a sealed envelope by an authorized administrator at the school of nursing, must be attached by the applicant to the licensure application form, along with the fee. All requirement materials must be submitted together to the Board of Nursing office.

Name of Student/Applicant: _____ DOB: ____/____/____
MM DD YYYY

I hereby authorize the school of nursing named below to furnish the information requested on this form and return it to me in a sealed envelope:

Signature: _____ Date: ____/____/____
MM DD YYYY

Name of nursing school: _____

Mailing address: _____
(Street/P.O. Box address)

_____ (City) _____ (State) _____ (Zip Code)

Is this student currently enrolled: Yes _____ No _____

Dates of attendance (must have been within the past 2 years): ____/____/____ through ____/____/____
MM DD YYYY MM DD YYYY

Has this student successfully completed a 3 credit course in the fundamentals of nursing?
 Yes _____ No _____

If yes, did the classroom/theory component include content on:

Basic Nursing Skills	Yes	No
Personal Care Skills	Yes	No
Basic Restorative Skills	Yes	No
Mental Health & Psychosocial Skills	Yes	No
Communication Skills	Yes	No
Nursing Team Member Skills	Yes	No

Has this student successfully completed at least 30 hours of clinical experience(s) in a health care facility (long-term care or hospital) with adult clients? Yes _____ No _____

Print Name: _____ Date: ____/____/____
MM DD YYYY

Position/Title: _____

Telephone number: _(____) _____ E-mail: _____

Signature of Dean/Director/Chair _____

(Official School Seal/Stamp)