

**22/10**

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# NURSING LICENSING APPLICATION PACKET

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The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

Office of the Professions  
Division of Professional Licensing Services  
89 Washington Avenue  
Albany, NY 12234-1000

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(Rev. 10/07)

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### **FOR FUTURE REFERENCE**

**IN THE EVENT OF AN EMERGENCY** that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our **Web site** ([www.op.nysed.gov](http://www.op.nysed.gov)), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).

## WAYS TO REACH US...



### ⇒ GENERAL CUSTOMER SERVICE

The Office of the Professions has an automated customer service system that allows callers **to verify licenses, request information, and hear automated messages 24 hours a day**. The number is 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at [op4info@mail.nysed.gov](mailto:op4info@mail.nysed.gov).

### ⇒ ON THE WORLD WIDE WEB

Information about the Office of the Professions and the 47 licensed professions, including information on all licensees, is available on our home page at:

**[www.op.nysed.gov](http://www.op.nysed.gov)**

### ⇒ LICENSE APPLICATION STATUS

Find out **the status of your license application** by checking our Web site where your name is added immediately after a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services  
**Nurse Unit**, 89 Washington Avenue, Albany, NY 12234-1000  
PHONE: 518-474-3817 ext. 280 FAX: 518-474-3398 E-MAIL: [opunit4@mail.nysed.gov](mailto:opunit4@mail.nysed.gov)  
Please include your name, social security number, date of birth, and the name of the profession.

### ⇒ PRACTICE ISSUES

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, **State Board for Nursing**  
89 Washington Avenue, Albany, NY 12234-1000  
PHONE: 518-474-3817 ext. 120 FAX: 518-474-3706 E-MAIL: [nursebd@mail.nysed.gov](mailto:nursebd@mail.nysed.gov)

## OTHER IMPORTANT CONTACT INFORMATION ...

### VERIFICATION OF EDUCATION CREDENTIALS FROM FOREIGN OR NON-APPROVED PROGRAMS

To obtain an application for the required credentials verification of education completed outside the United States, contact:

The Commission on Graduates of Foreign Nursing Schools (CGFNS)  
PO Box 8628, Philadelphia, PA 19101-8628  
PHONE: 215-349-8767 FAX: 215-349-0026  
E-MAIL: [empire@cgfns.org](mailto:empire@cgfns.org) WEB: [www.cgfns.org](http://www.cgfns.org)

### LICENSING EXAMINATION

Answers to your questions regarding examination content, program codes, fees, etc. can be found at Pearson VUE's Web site at [www.vue.com/nclcx](http://www.vue.com/nclcx) or by calling 1-866-496-2539.

### VERIFICATION OF NURSE LICENSURE IN ANOTHER STATE

If you are licensed as a nurse in another state, you must provide the New York State Education Department with verification of that licensure. The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for a majority of states through their Nurse System (Nursys). You can check to see if the state(s) where you are licensed as a nurse participates in Nursys by visiting their Web site at [www.nursys.com](http://www.nursys.com) or by calling them at 1-866-819-1700.

If the state(s) where you are licensed as a nurse participates in Nursys, you must request verification of your licensure from Nursys, not the state(s). If your state(s) of licensure does (do) not appear on the Nursys list, you must use the Verification of Other Professional Licensure/Certification form (Form 3) in this packet to verify your licensure to New York State.

Please note, if you hold any other professional licenses in states other than New York, you must also use Form 3 to verify that licensure to New York State.

# GENERAL LICENSING INFORMATION

**Please read this general licensing information before proceeding to the detailed instructions for your profession.**

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## INTRODUCTION

A professional license is the authorization to practice and use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

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## LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at [www.op.nysed.gov](http://www.op.nysed.gov) or by calling our telephone verification service at 518-474-3817. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send you a renewal application to the name and address we have on file (see the "Address or Name Changes" section on next page), at least four months before your registration expires.

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## VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement **directly** from the organization where you met the requirement (e.g., school, testing agency, licensing authority, certifying board, hospital, employer, etc.). These records and documents must bear an original (**not photocopied**) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

**NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.**

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## ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

**For address changes** you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 280  
TDD/TTY 518-473-1426

Fax: 518-474-3398

E-mail: [opunit4@mail.nysed.gov](mailto:opunit4@mail.nysed.gov)

**For name changes** a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions  
Division of Professional Licensing Services  
Nurse Unit  
89 Washington Avenue  
Albany, NY 12234-1000

**NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license.** You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at [www.op.nysed.gov/anchange.pdf](http://www.op.nysed.gov/anchange.pdf) to notify the Department of a change in your address or name.

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## PROFESSIONAL CONDUCT

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at [www.op.nysed.gov/title8.htm](http://www.op.nysed.gov/title8.htm)

Part 29 of the Rules of the Board of Regents is available on our Web site at [www.op.nysed.gov/part29.htm](http://www.op.nysed.gov/part29.htm)

Copies of the relevant sections of the NYS Education Law, Rules of the Board of Regents, and the Commissioner's Regulations are available upon request from [opforms@mail.nysed.gov](mailto:opforms@mail.nysed.gov) or 518-474-3817 ext. 320.

You will receive more information on professional practice when you receive your license and first registration.

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## RECORDS RETENTION AND DISPOSITION STATEMENT

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

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## DISCLOSURE OF SOCIAL SECURITY NUMBERS

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

For additional information see: [www.oft.state.ny.us/arcpolicy/policy/tp\\_974.htm](http://www.oft.state.ny.us/arcpolicy/policy/tp_974.htm)

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# APPLYING FOR A LICENSE IN NURSING

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## GENERAL REQUIREMENTS

The practice of nursing or use of “Registered Professional Nurse” (RN) or “Licensed Practical Nurse” (LPN) titles within New York State requires licensure.

**To be licensed as a registered professional nurse in New York State you must:**

- be of good moral character;
- be at least eighteen years of age;
- meet education requirements;
- complete coursework or training in the identification and reporting of child abuse offered by a New York State approved provider; and
- meet examination requirements.

**To be licensed as a licensed practical nurse in New York State you must:**

- be of good moral character;
- be at least seventeen years of age;
- be a high school graduate or the equivalent;
- meet education requirements; and
- meet examination requirements.

You must file an application for licensure and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, Article 139, Sections 6905 and 6906 of New York State Education Law and Part 64 of the Regulations of the Commissioner of Education. The Law and Regulations are available on our Web site at [www.op.nysed.gov/nurse.htm](http://www.op.nysed.gov/nurse.htm). Copies of the relevant sections of NYS Education Law and the Commissioner’s Regulations are also available upon request by e-mailing [opforms@mail.nysed.gov](mailto:opforms@mail.nysed.gov) or by calling 518-474-3817 ext. 320.

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## FEES (fees listed are those in effect at the time this application was printed)

The fee for licensure and first registration is \$143.

The fee for a limited permit is \$35.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. **Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for Licensure (Form 1).**

**PLEASE NOTE:** Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

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## PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Nurse Unit by e-mailing [opunit4@mail.nysed.gov](mailto:opunit4@mail.nysed.gov) or by calling 518-474-3817 ext. 280 or by faxing 518-474-3398.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure and registration fees and meet the licensure requirements in place at the time you reapply.

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## EDUCATION REQUIREMENTS

**If you seek to meet the education requirement for an RN or LPN license with a program you completed outside the United States**, your educational credentials must be verified by an independent credentials verification organization. See “Verifying Education Credentials From Non-U.S. Programs” on page 7 for further instructions.

### REGISTERED PROFESSIONAL NURSING

To meet the professional education requirement for licensure as a registered professional nurse, you must present satisfactory evidence of having received at least a two-year degree or diploma from a program in **general** professional nursing that is acceptable to the Department. To be acceptable to the Department, the program must be either:

- registered as licensure qualifying by the New York State Education Department; **or**
- approved by the licensing authority or appropriate governmental agency in the jurisdiction where the school is located as preparation for practice as a registered professional nurse.

In addition to the professional education requirement, every applicant for licensure or limited permit as a registered professional nurse must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. Graduates of New York State registered nursing programs after September 1, 1990 complete this coursework in their nursing program and are not required to submit additional proof. All other applicants must submit a certificate of completion from an approved provider or file a certification of exemption before a New York State license or permit can be issued. Additional information and a list of approved providers are available on our Web site at [www.op.nysed.gov/camemo.htm](http://www.op.nysed.gov/camemo.htm) or can be obtained by e-mailing [opforms@mail.nysed.gov](mailto:opforms@mail.nysed.gov) or by calling 518-474-3817 ext. 570. You may be eligible for exemption from the training if you can document, to the satisfaction of the Department, that your practice does not involve professional contact with persons under the age of 18 and that you do not have contact with persons 18 or older with a handicapping condition who reside in a residential care school or facility. An exemption form (Form ICE) is included in this application packet.

Every registered professional nurse must also complete approved coursework or training appropriate to the professional’s practice in infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis b virus (HBV) in the course of professional practice. Graduates from New York State nursing programs after September 1, 1993 are credited with having completed this coursework as part of their nursing program. All other applicants must submit an attestation of compliance with or exemption from the infection control coursework requirement (Form IIC) within 90 days of your date of licensure. Form IIC will be sent to you along with your license. Additional information and a list of approved providers are available on our Web site at [www.op.nysed.gov/icmemo.htm](http://www.op.nysed.gov/icmemo.htm) or can be obtained by e-mailing [opforms@mail.nysed.gov](mailto:opforms@mail.nysed.gov) or by calling 518-474-3817 ext. 570.

## LICENSED PRACTICAL NURSING

To meet the professional education requirement for licensure as a licensed practical nurse, you must have completed high school or the equivalent, and present satisfactory evidence of either a, b, or c below.

- a. graduation from at least a nine-month program in practical nursing registered by the New York State Education Department as licensure qualifying or recognized as preparatory for practice as a licensed practical nurse by the licensing authority or appropriate governmental agency in the jurisdiction where the school is located; **or**
- b. completion of at least a nine-month program of study that is satisfactory to the New York State Education Department in a program conducted by the armed forces of the United States; **or**
- c. graduation from an approved program in **general** professional nursing.

In addition to the professional education requirement, every licensed practical nurse must complete approved coursework or training appropriate to the professional's practice in infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis b virus (HBV) in the course of professional practice. Graduates from New York State nursing programs after September 1, 1993 are credited with having completed this coursework as part of their nursing program. All other applicants must submit an attestation of compliance with or exemption from the infection control coursework requirement (Form IIC) within 90 days of your date of licensure. Form IIC will be sent to you along with your license. Additional information and a list of approved providers are available on our Web site at [www.op.nysed.gov/icmemo.htm](http://www.op.nysed.gov/icmemo.htm) or by calling 518-474-3817 ext. 570.

### Verifying Education Credentials From Non-U.S. Programs

Applicants who have completed LPN or RN education outside of the US must have their education credentials verified by the Commission on Graduates of Foreign Nursing Schools (CGFNS). Such applicants should contact CGFNS at [www.cgfns.org](http://www.cgfns.org) for the application and instructions to complete the CGFNS Credential Verification Service for New York State. Please note that this verification process is not the same as CGFNS' Certification Program (which is required for registered nurse applicants applying for limited permits). The CGFNS Credentials Verification Service for New York State licensure applicants is a process for verifying the authenticity of education credentials. The CGFNS Credentials Verification Service for New York State does not indicate approval by the New York State Education Department of the content of education. After education credentials are verified by CGFNS, they are then forwarded to and evaluated by the New York State Education Department.

You will be advised in writing of the results of the New York State Education Department's evaluation of your education. In addition, the licensing examination administrator will be notified if you are eligible for the examination.

Contact CGFNS at:

The Commission on Graduates of Foreign Nursing Schools (CGFNS)  
PO Box 8628  
Philadelphia, PA 19101-8628  
Phone 215-349-8767  
Fax 215-349-0026  
E-mail [empire@cgfns.org](mailto:empire@cgfns.org)  
Web [www.cgfns.org](http://www.cgfns.org)

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## EXAMINATION REQUIREMENTS

To meet the examination requirements for licensure as a registered professional nurse and/or licensed practical nurse, you must successfully complete the NCLEX examination developed by the National Council of State Boards of Nursing (NCSBN) and administered by Pearson VUE. For those applicants applying for licensure based upon licensure in another jurisdiction, scores from the State

Board Test Pool (SBTP) examination and NCLEX may be accepted for licensure. The licensing authority in the jurisdiction in which you took the examination (see instructions for Form 3 on page 12) or Nursys (see Verification of Nurse Licensure in Another State on page ii) must verify acceptable scores on the examination(s) directly to the Office of the Professions.

To qualify to take either the NCLEX-RN examination or the NCLEX-PN examination, you must:

1. Submit an Application for Licensure (Form 1) and the \$143 licensure and first registration fee to the New York State Education Department.
2. Ask your school to verify your education directly to the New York State Education Department on Form 2 (New York State programs completed prior to 4/1/98 or other U.S. programs), or Form 2AF (for graduates who are applying for an LPN license based on completion of equivalent education in a program conducted by the U.S. armed forces) or have your educational credentials verified by CGFNS (non-U.S. programs).
3. Register directly with Pearson VUE to take the NCLEX examination. To register for the examination, you will need the program code for your nursing education program that is listed in the NCLEX Candidate Bulletin. The NCLEX Candidate Bulletin and additional information regarding the examination are available on the Web at [www.vue.com/nclex](http://www.vue.com/nclex) or [ncsbn.org](http://ncsbn.org). You may register for the examination online at [www.vue.com/nclex](http://www.vue.com/nclex) or by calling Pearson VUE at 1-866-496-2539\*

\*If you are a graduate of a New York State nursing program, or an approved nursing program in the U.S., you may apply for the examination at any time after submitting all the items in 1 and 2 above. If you are a non-U.S. nursing program graduate, you may only apply for the examination after receiving a letter from the New York State Education Department notifying you that your education has been approved and you are now eligible to sit for the examination.

#### **REASONABLE TESTING ACCOMMODATIONS**

If you have a disability and may require reasonable testing accommodations for the examination, you must complete and submit a Request for Reasonable Testing Accommodations form. This form is available on our Web site at [www.op.nysed.gov/pls1ra.pdf](http://www.op.nysed.gov/pls1ra.pdf). You may also request a copy of the form by e-mailing [opforms@mail.nysed.gov](mailto:opforms@mail.nysed.gov) or by calling 518-474-3817 ext. 320 or by faxing 518-473-8222. You must mail the Request for Reasonable Testing Accommodations form to the address printed on that form, along with the required documentation. You will be notified in writing as to whether or not your request for accommodations has been approved. A copy of your accommodation approval must be attached to your NCLEX examination registration form. You may not test until your request for accommodations has been processed by the Department. If you schedule a test before your request for accommodations has been processed, you may lose any fee paid to the examination administrator. Please be sure to check the box in item 7 of your Application for Licensure (Form 1) if you are requesting accommodations.

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## LIMITED PERMITS

Note: If you have ever taken the NCLEX-PN examination, you are not eligible for an LPN limited permit. If you have ever taken the NCLEX-RN examination, you are not eligible for an RN limited permit.

A limited permit authorizes an individual who has met all requirements for licensure as a registered professional nurse (RN) or a licensed practical nurse (LPN) except the licensing examination to practice as an RN or LPN provided that the individual is under the immediate and personal supervision of a licensed, currently registered, professional nurse, with the endorsement of the employer. To be eligible for a limited permit, you must:

- submit an Application for Licensure (Form 1) and the \$143 licensure and first registration fee;
- ask your school to verify your education directly to the New York State Education Department on Form 2 (New York State programs completed prior to 4/1/98 or other approved U.S. programs), or Form 2AF (for graduates who are applying for an LPN license based on completion of equivalent education in a program conducted by the U.S. armed forces) or have your educational credentials verified by CGFNS (non-U.S. programs).
- for an RN permit, submit proof of completion of coursework or training in the identification and reporting of child abuse offered by a New York State approved provider; and
- be at least 18 (RN) or 17 (LPN) years of age and be of good moral character.

You may submit an Application for Limited Permit (Form 5) at the same time or any time after you submit your Application for Licensure (Form 1). The fee for a limited permit is \$35. A limited permit is valid for one year from date of issue or until ten days after the applicant is notified of failure on the licensing examination, whichever occurs first. The “starting date” cannot be changed once a limited permit is issued. If you change employment or have additional employers after your permit is issued, you must obtain a new permit. You need to have your prospective employer complete and return a new Application for Limited Permit (Form 5) to the Office of the Professions at the address on the form. A new fee is not required.

You must be employed by the facility in which you are working. You may not be employed by a third party.

Non-U.S. educated applicants seeking a limited permit as a registered professional nurse must also have their credentials verified by an independent credentials verification organization (see “Verifying Education Credentials From Non-U.S. Programs” on page 7) and document successful completion of the Commission on Graduates of Foreign Nursing Schools (CGFNS) Certification program (the CGFNS examination and the Test of English as a Foreign Language); or a score of not less than 400 on the Canadian Nurses Association Test (CNATS) given in English. Non-U.S. educated LPN limited permit applicants also need to have their credentials verified by an independent credentials verification organization (see page 7) but are **not** required to complete the CGFNS Certification program.

CNATS scores should be sent to the Office of the Professions directly by the nurse licensing authority of the province in which the examination was taken. Information about the CGFNS examination and its certification program, including the cost, is available from:

CGFNS  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Telephone: 215-349-8767  
E-mail: support@cgfns.org or info@cgfns.org

Please note that CGFNS certification is different from the verification of foreign education credentials required of all graduates of non-U.S. programs. CGFNS certification requires passing of examination(s) in addition to the verification of educational credentials. **Use the address above only for CGFNS certification program information.**

**Practice Exemption:**

New graduates of New York State nursing education programs registered by the New York State Education Department as licensure qualifying may be employed for 90 days immediately following graduation without holding a limited permit. To be eligible to practice within those 90 days, you must have graduated from your nursing program, submitted the Application for Licensure (Form 1), the Application for Limited Permit (Form 5), and paid the required fees. While practicing during those 90 days, you must be supervised by a registered professional nurse who is currently licensed and registered to practice in New York State. As soon as the permit is received, give your employer the employer's copy.

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# COMPLETING THE APPLICATION FORMS

## *for Nursing*

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### INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

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### FORM 1 - APPLICATION FOR LICENSURE

**All applicants for licensure** must complete this form and submit it with the \$143 licensure and first registration fee directly to the Office of the Professions at the mailing address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.** Upon receipt of your application, we will send you an acknowledgement letter.

If you are applying for licensure as a licensed practical nurse, you must submit a copy of your high school or secondary school diploma or transcript in the original language with your Form 1.

If you were educated outside the U.S., submit a copy of your nursing diploma in the original language.

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### FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION (If applicable)

**This form must be submitted directly by the nursing school. The Office of the Professions will not accept this form if submitted by the applicant.**

- **If you graduated after April 1, 1998 from a New York State licensure qualifying program registered by the State Education Department,** your school will notify us of your educational qualifications. **You do not have to submit Form 2.**
  - **If you completed a New York State licensure qualifying program prior to April 1, 1998, or obtained your education in the United States but not in New York State,** complete Section I of Form 2 and forward the entire form to your school of nursing to complete and submit directly to the State Education Department.
  - **If your education was obtained in another country, do not use Form 2.** You must have your educational credentials verified by CGFNS, an independent credentials verification organization, before the New York State Education Department can determine if your credentials meet New York State's requirements for licensure. See "Verifying Education Credentials From Non-U.S. Programs" on page 7. Contact CGFNS for the forms and procedures for the independent verification of your education credentials (see page ii for contact information).
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### FORM 2AF - CERTIFICATION OF EQUIVALENT U.S. ARMED FORCES EDUCATION FOR LPN LICENSURE

**Complete this form ONLY if you are applying for an LPN license based on completion of equivalent education in a program conducted by the U.S. armed forces.**

**The Office of the Professions will not accept this form if submitted by the applicant.**

**Section I:** Complete this section of the form and forward the entire form to the U.S. armed forces program to complete and submit directly to the Office of the Professions at the mailing address on the form.

**Section II:** The U.S. armed forces program must complete this section, sign, date and return both pages of the form directly to the Office of the Professions with an official transcript in a sealed armed forces envelope.

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### FORM 3 – VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

**Complete this form if you hold, or have ever held, a license or certificate to practice any profession\* in any jurisdiction. For additional information on verifying nurse licensure, see Verification of Nurse Licensure in Another State on page ii.**

**This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.**

**Section I:** Complete this section before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 9.

**Section II:** The licensing/certifying authority must complete this section, sign, date and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

Note: A Form 3 is not required for licenses/certificates issued by the New York State Education Department.

\*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form at the end of this packet for a list of those titles.)

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### FORM 5 - APPLICATION FOR LIMITED PERMIT

**Section I:** If you are applying for a limited permit, complete this section before asking your prospective employer to complete Section II.

**Section II:** Ask your prospective employer to complete this section.

You may apply for a limited permit either at the same time as or after submitting an Application for Licensure (Form 1) and the licensure fee of \$143. If you have not yet filed a Form 1 and the licensure fee, you must submit them with the Form 5 and the limited permit fee of \$35.

Return all 3 pages of the completed form with the \$35 fee to the Office of the Professions at the address at the end of the form. **You must meet all requirements for licensure, except the examination requirement, to be eligible for a limited permit.** RN applicants - If you did not complete the required coursework or training in the identification and reporting of child abuse as part of a New York State educational program, you must submit a certificate of completion from an approved provider or a Certification of Exemption (Form 1CE).

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### Completing Additional Forms

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#### FORM 1CE – CHILD ABUSE CERTIFICATION OF EXEMPTION FORM

**This form is not for all applicants.** Use this form only if you are applying for an exemption to the requirement to complete training or coursework in the identification of child abuse and maltreatment because the nature of your practice excludes contact with persons under the age of 18 and persons 18 or older with a handicapping condition who reside in a residential care school or facility.

#### FORM AD/NAME – ADDRESS/NAME CHANGE FORM

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.

# NURSING SUMMARY OF REQUIREMENTS “AT A GLANCE”

for Graduates of *New York State Registered and Approved Programs* in the United States

<b>LPN Applicants</b>			
<b>Required Forms and Fees</b>	<b>Path to Licensure and Practice</b>		
	<b>Licensure by NCLEX Examination</b>	<b>Licensure Based Upon Licensure in Another Jurisdiction</b>	<b>Limited Permit</b>
<b>FORM 1 and fee</b> (see fee information on page 5)	√	√	√
<b>NCLEX Exam Registration Form and fee</b>	√		
<b>Copy of High School/GED Diploma</b>	√	√	√
<b>FORM 2*</b>	√	√	√
<b>FORM 2AF</b>	<b>Only for applicants applying for licensure based on completion of equivalent education in a program conducted by the U.S. armed forces.</b>		
<b>FORM 3**</b>	√	√	√
<b>FORM 5 and fee</b> (see fee information on page 5)			√

<b>RN Applicants</b>			
<b>Required Forms and Fees</b>	<b>Path to Licensure and Practice</b>		
	<b>Licensure by NCLEX Examination</b>	<b>Licensure Based Upon Licensure in Another Jurisdiction</b>	<b>Limited Permit</b>
<b>FORM 1 and fee</b> (see fee information on page 5)	√	√	√
<b>NCLEX Exam Registration Form and fee</b>	√		
<b>FORM 2*</b>	√	√	√
<b>FORM 3**</b>	√	√	√
<b>FORM 5 and fee</b> (see fee information on page 5)			√
Certificate of completion of coursework in the identification and reporting of child abuse or Certification of Exemption (Form 1 CE)***	√	√	√

## NOTES

\* Graduates of NYS licensure qualifying nursing education programs **after April 1, 1998** do not need to send this form. Verification of education is sent directly from your school to the State Education Department.

\*\*A Form 3 must be submitted for all professional licenses/certificates you ever held.

\*\*\* Graduates of NYS licensure qualifying nursing education programs **after September 1, 1990** have completed this coursework and are not required to submit proof.

# NURSING SUMMARY OF REQUIREMENTS “AT A GLANCE”

for Graduates of Non-U.S. Programs

<b>LPN <u>and</u> RN Applicants</b>			
<b>Required Forms And Fees</b>	<b>Path to Licensure and Practice</b>		
	<b>Licensure by NCLEX Examination</b>	<b>Licensure Based Upon Licensure in Another Jurisdiction</b>	<b>Limited Permit</b>
<b>FORM 1 and fee</b> (see fee information on page 5)	√	√	√
<b>Copy of High School/Secondary School/GED Diploma or Transcript or Copy of Nursing Diploma in the Original Language</b>	√ (LPN Only)	√ (LPN Only)	√ (LPN Only)
<b>Verification of Education by CGFNS</b>	√	√	√
<b>FORM 3*</b>	√	√	√
<b>FORM 5 and fee</b> (see fee information on page 5)			√
<b>NCLEX Exam Registration Form and fee</b>	√		
<b>Proficiency Examination</b> (CGFNS or CNATS - English version)			√ (RN Only)
Certificate of completion of coursework in the identification and reporting of child abuse or Certification of Exemption (Form 1 CE)**	√ (RN Only)	√ (RN Only)	√ (RN Only)
<b>NOTES</b>			
<p>*A Form 3 must be submitted for all professional licenses/certificates you ever held.                      **Only registered professional nurse applicants must complete coursework in child abuse identification and reporting. (See Education Requirements.)</p>			

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**NURSE**

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**APPLICANT CHECKLIST**

*Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. You should keep a copy of all application forms submitted.*

**CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.**

\_\_\_\_\_ 1. Have you completed and sent the following to the Office of the Professions?

\_\_\_\_\_ A. FORM 1 - APPLICATION FOR LICENSURE

\_\_\_\_\_ B. FEE (\$143) - FOR LICENSURE AND FIRST REGISTRATION

\_\_\_\_\_ C. FORM 5 and FEE (\$35) - APPLICATION FOR LIMITED PERMIT (*if applicable*)

\_\_\_\_\_ 2. Have you completed and forwarded the following forms to the appropriate institution(s)? Keep copies of the requests so that you may check with them to be sure they have submitted the information.

\_\_\_\_\_ A1. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions:

Date sent

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

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

**-OR-**

\_\_\_\_\_ A2. CGFNS VERIFICATION OF AUTHENTICITY OF EDUCATION CREDENTIALS (for Non-U.S. educated applicants see "Verifying Education Credentials From Non-U.S. Programs" on page 7)

CGFNS  
P.O. Box 8628  
Philadelphia, PA 19101-8628

Date sent

\_\_\_\_\_

**-OR-**

\_\_\_\_\_ B. FORM 2AF - CERTIFICATION OF EQUIVALENT U.S. ARMED FORCES EDUCATION FOR LPN LICENSURE (*if applicable*)

Sent to:

Date sent

\_\_\_\_\_

\_\_\_\_\_

**-AND-**

\_\_\_\_\_ C. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION (*if applicable*)

Sent to:

Date sent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO SPEED PROCESSING OF YOUR APPLICATION:**

- **Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.



16 Print Name exactly as you will list it on your NCLEX Examination Registration form. (This name must match the I.D. you bring to the examination.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

17 If you have ever taken the SBTP, NCLEX, or a state-constructed examination for licensure as either a Registered Professional Nurse or a Licensed Practical Nurse in the United States or its territories (except New York State), complete the following:

State or Territory*	Profession(s)	SBTP, NCLEX or State-Constructed Examination		License Number, If Granted
		Date	Examination	

\*If you took the NCLEX or SBTP Examination, send Form 3 to the state in which you passed the licensing examination or request verification from Nursys.

18 Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

**Name of Elementary or Primary School:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Completion date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**Name of High School/Secondary School or GED Diploma Issuer:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Graduation date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**LPN Applicants: Be sure to attach a copy of your High School or GED Diploma.**

**Nursing Program:**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_ OR  still in progress

**Other Postsecondary Education:**

1. Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

2. Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

**19** Do you now hold, or have you ever held, a license or certificate to practice any profession\* in any jurisdiction?  Yes  No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each professional license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

\*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

**20 CHILD SUPPORT OBLIGATION:**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support\*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

**CHECK ONLY A OR B BELOW. If you check B, you must check one of the five statements listed below it.**

A  I am not under an obligation to pay child support:  
**OR**  
 B  I am under an obligation to pay child support *and* (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support: or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

\*New York State General Obligations Law, section 3-503

**21 STUDENT LOAN DISCLOSURE:**

The State Education Department is required\* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

(a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation?  Yes  No

(b) If you have such a loan(s), is any part in default?  Yes  No

\*New York State Education Law, Section 6501-a

**22 CITIZENSHIP/IMMIGRATION STATUS:**

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

**I AM: (Check one box)**

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non-Immigrant (Temporarily in U.S.)  
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: \_\_\_\_\_
- I. I do not reside in the United States.

If you checked any of the boxes from B–H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): \_\_\_\_\_  
*USCIS number*

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

**23 CHILD ABUSE IDENTIFICATION AND REPORTING COURSEWORK REQUIREMENT – RN Applicants Only (check one):**

- I graduated from a NYS registered nursing program after September 1, 1990 and completed the coursework during my studies.
- I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- I completed the child abuse coursework online and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed the Certification of Exemption (Form 1CE\*).

\*Form 1CE is available on the Office of the Professions' Web site at [www.op.nysed.gov/documents/form1ce.pdf](http://www.op.nysed.gov/documents/form1ce.pdf).

**24 INFECTION CONTROL TRAINING REQUIREMENT (check one):**

- I graduated from a NYS registered nursing program after September 1, 1993 and completed the infection control training during my studies.
- I completed the infection control training and have enclosed a certificate of completion from an approved provider.
- I completed the infection control training online and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed an Attestation of Infection Control Training (Form 1IC\*).

\*Form 1IC is available on the Office of the Professions' Web site at [www.op.nysed.gov/documents/form1ic.pdf](http://www.op.nysed.gov/documents/form1ic.pdf).

**25 EDUCATION PROGRAM REVIEW**

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

- Yes  No

Please initial: \_\_\_\_\_

**26 GENDER AND ETHNICITY: (This item is optional.)**

Information on gender and ethnicity is sought solely to allow the New York State Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

GENDER:  Male  Female

ETHNICITY:  White (not Hispanic)  Black (not Hispanic)  Asian  Hispanic  Native American

**27 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)**

**Applicant**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**



**SECTION II : CERTIFICATION OF PROFESSIONAL EDUCATION**

**INSTRUCTIONS TO REGISTRAR:** Please complete and return both pages of this form in an official school envelope **directly** to the Office of the Professions at the address below. This form **will not be accepted if returned by the applicant**. This form should not be completed by schools located **OUTSIDE OF THE UNITED STATES** or its territories.

(1) Name of applicant \_\_\_\_\_  
(see Section I, item 5)

(2) Nursing school name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

(3) Is this program located In the United States or its territories? (check one)  Yes  No

**If no, do not use this form.** If Yes, complete the remainder of this form.

(4) Date on which faculty approved the awarding of the degree or diploma or date degree awarded: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

(5) This program was approved as preparing for licensure as a Registered Professional Nurse or Licensed Practical Nurse by:  
\_\_\_\_\_  
(Name of state or U.S. territory)

(6) Type of program:  Baccalaureate  Diploma  Associate  Other \_\_\_\_\_

(7) Title of degree awarded: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

Print Name \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

**INSTITUTION SEAL**

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000.



**SECTION II: CERTIFICATION OF NURSING EDUCATION**

**INSTRUCTIONS:** Please complete and return both pages of this form with an official transcript in an official armed forces envelope directly to the Office of the Professions at the address below. Do not return this form to the applicant. This form will not be accepted if returned by the applicant.

(1) Name of applicant \_\_\_\_\_  
*(see Section I, item 5)*

(2) U.S. armed forces program name: \_\_\_\_\_  
Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code) (Country)*

(3) Description of U.S. armed forces program

1. Was the program at least nine continuous months in length?  Yes  No

If NO, give length of program \_\_\_\_\_.

2. Did the program include classroom instruction and supervised clinical experience?  Yes  No

3. Dates of applicant's attendance were from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
*mo. day yr. mo. day yr.*

**CERTIFICATION**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the nursing program of the individual named on this form.

Signature of Official \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*

Print name \_\_\_\_\_

Title of position \_\_\_\_\_

U.S. armed forces branch \_\_\_\_\_

Address \_\_\_\_\_

**INSTITUTION SEAL**

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000.



**Section II: Verification of Licensure/Certification: (Please print or type)**

**INSTRUCTIONS TO THE LICENSING/CERTIFYING AUTHORITY:** Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope directly to the Office of the Professions at the address below. This form will not be accepted if returned by the applicant. Attach additional sheets if necessary.

**1** Name of applicant: \_\_\_\_\_  
(see Section I, item 6)

**2** Professional title on license/certificate: \_\_\_\_\_  
License/certificate number: \_\_\_\_\_ Date of licensure/certification: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

**3** Verification of licensure/certification – Complete if applicant was licensed/certified as a nurse or was approved to take the State Board Test Pool (SBTP) or the National Council Licensing Examination (NCLEX) in your jurisdiction.

A. The nursing program indicated in item 8 on page 1 was:

1. approved by this licensing authority at the time of the applicant's attendance.  Yes  No
2. approved by this licensing authority at the time of the applicant's graduation.  Yes  No
3. either a practical nursing program of at least nine months in length; or was a professional registered nursing program of at least two year duration.  Yes  No

B. Basis of licensure (check one):  Examination  Waiver of Examination  Endorsement  Waiver of Education Requirement

C. Did issuing this license involve any special conditions?  Yes  No

D. Certification of Examination Results (attach additional sheets if necessary)

Exam Date	Series Number	NCLEX Exam	OR	STATE BOARD TEST POOL EXAM SCORES				
		NCLEX Exam Score		Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Pediatric Nursing

**LICENSED PRACTICAL NURSING - Examination scores and dates**

Exam Date	Series Number	Exam		Exam Score
		NCLEX (check box)	Other Series (specify)	

**4** Complete if applicant was issued a license/certificate by your jurisdiction.

A. Has disciplinary action been taken against this license?  Yes  No

B. Are disciplinary charges pending against this license?  Yes  No

If the answer to either of these questions is "yes", please attach a complete explanation with any supporting documentation.

**Certification**

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted in item 4 above or in any attachments, this licensing/certifying authority has never taken any disciplinary action against this person and that in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Licensing/certifying authority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**(SEAL)**

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000.



**11 ATTESTATION**

I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with my application may be cause for denial of permit and licensure and may result in criminal prosecution.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Section II: Certification of Supervision****Instructions to the Employer:**

1. By completing this section, you are certifying that the applicant for the limited permit will be employed under the supervision of a registered professional nurse who is licensed and currently registered in New York State and that you agree to abide by the conditions stipulated on the permit.
2. The applicant must be employed by the facility in which they are working. They may not be employed by a third party.
3. The supervising nurses listed in this section must be Registered Professional Nurses who will work **directly** with the permittee on the same unit so that consistent supervision is ensured.
4. A limited permit expires one year from the date of issuance or upon written notice to the applicant by the Department that the application for licensure has been denied, or 10 days after written notification to the applicant of failure on the professional licensing examination, whichever occurs first. Failing applicants will be advised in writing by the Department to notify their employer of the exam results immediately to allow reasonable notice to the employer that they are no longer able to work under a limited permit.
5. The applicant may not begin practice until the limited permit is issued.\*

**\*EXEMPTION:** New graduates of New York State nursing education programs registered by the New York State Education Department as licensure qualifying **who have applied for licensure and a limited permit** may be employed to practice under the supervision of a registered professional nurse for 90 days immediately following graduation pending receipt of a limited permit. The permittee must submit the employer's copy of the limited permit to the employer as soon as it is received.

1. Permittee's name: \_\_\_\_\_

2. To be employed as:     RN     LPN

3. Employer (Enter full name -- no initials):

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. If practice site is different from employer's address (item 3), provide that address also:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section II: Certification of Supervision (Continued)**

**6. SUPERVISOR OF THIS PERMITTEE**

In order to assure that there is always a licensed registered professional nurse available to work directly with this permittee on the specific unit, you must provide the names of two licensed registered professional nurses who will supervise this permittee:

1. Supervising registered professional nurse \_\_\_\_\_

New York State License number \_\_\_\_\_

2. Supervising registered professional nurse \_\_\_\_\_

New York State License number \_\_\_\_\_

**7. ATTESTATION BY DIRECTOR OF NURSING OR PHYSICIAN**

**(To be completed and signed by the director of nursing or designee where the permittee will practice)**

By completing the information in Section II and signing this attestation, I am certifying that the permittee will be employed under the supervision of a registered professional nurse who is licensed and currently registered in New York State, that the supervising nurse will be notified of this responsibility, and that the employer agrees to abide by the conditions stipulated on the permit.

I declare that the statements made in Section II are true, complete and correct. Any false or misleading information in, or in connection with this certification, may be cause for disciplinary action against my license.

Signature on behalf of employer: \_\_\_\_\_  
*(i.e., Director of Nursing or Physician.)*

Date: \_\_\_\_ mo. / \_\_\_\_ day / \_\_\_\_ yr.

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

New York State Profession: \_\_\_\_\_

New York State Professional License Number: \_\_\_\_\_

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**



## CERTIFICATION OF EXEMPTION

### IDENTIFICATION AND REPORTING CHILD ABUSE and MALTREATMENT TRAINING

Applicants for licensure and licensees applying for re-registration as **physicians, chiropractors, dentists, registered nurses, podiatrists, optometrists, psychologists, dental hygienists, licensed master social workers, licensed clinical social workers, creative arts therapists, marriage and family therapists, mental health counselors, and psychoanalysts** must complete two hours of Department approved coursework or training in the identification and reporting of child abuse and maltreatment. A limited exemption from this requirement is available if the nature of the applicant's/licensee's practice excludes contact with children. Any licensee who asks for an exemption must notify the Department in writing, within 30 days, when the nature of the practice changes and an exemption is no longer valid.

#### APPLICANT INSTRUCTIONS

1. If you are certain that you qualify for an exemption, complete items 1-6 by printing clearly in ink in the spaces provided. Be sure to sign and date Item 7
2. Send the completed form to the address shown above to the attention of the unit for your profession (for example: Attention Medicine Unit). See item 6 for listing.

**Properly completed forms will be accepted. You will only receive notice from the Department if a request is insufficient to grant an exemption. Please retain a photocopy of this Certification of Exemption.**

**1 Social Security Number**  
*(Leave this blank if you do not have a U.S. Social Security Number)*

**5 N.Y.S. License Number**  
*(If applicable)*

**2 Birth Date**    Month   Day   Year

**3 Print Your Name Exactly As It Appears On Your Licensure Application Or Registration**

Last

First

Middle

**6 Profession (check one)**

- Medicine
- Chiropractic
- Dentistry
- Dental Hygiene
- Registered Nurse
- Podiatry
- Optometry
- Psychology
- Licensed Master Social Worker
- Licensed Clinical Social Worker
- Creative Arts Therapist
- Marriage and Family Therapist
- Mental Health Counselor
- Psychoanalyst

**4 Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1

Line 2

Line 3

City

State  Zip Code

Country/Province

**7 ATTESTATION**

**59.12 (b)** The department may exempt an applicant or licensee from the coursework or training requirement of subdivision (a) of this section upon receipt of a written application for such exemption establishing that there would be no need to complete the coursework or training because the nature of the applicant's/licensee's practice excludes contact with children. It is the professional responsibility of the licensee who holds an exemption to notify the department in writing, within 30 days, when the nature of the practice changes to the extent that the basis for exemption ceases to exist.

*I, the undersigned, have read regulation 59.12(b) above and the explanation on this form. I understand the terms and conditions contained therein, and hereby declare that the nature of my practice is such that I do not treat or otherwise have professional contact either with children under the age of 18 years or persons 18 years of age and older with a handicapping condition who reside in a residential care school or facility. Therefore, I claim an exemption from the required training in child abuse and maltreatment identification and reporting pursuant to Section 59.12, Regulations of the Commissioner.*

*I also understand that should the nature of my practice change to the extent that the basis for the exemption ceases to exist, I am obligated to notify the department in writing and complete the required training within 30 days.*

*I further understand that a false statement on this document may be cause for denial or loss of licensure and may result in criminal prosecution.*

\_\_\_\_\_  
 Applicant signature \_\_\_\_\_  
 Date



**ADDRESS/NAME CHANGE FORM**

**INSTRUCTIONS**

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by E-mail: oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, IV and V. **Name changes** require an original notarized signature in your new name and cannot be accepted prior to your official change of name. Sign the Section IV affidavit and have your signature notarized by a notary public. Currently registered licensed professionals will be sent a new registration certificate.
- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

**NOTE:** Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

**Section I: Your General Information**

1. Name (currently on record): \_\_\_\_\_

2. Social Security Number:          Birth Date: Month   Day   Year

Telephone: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Are you reporting an address and/or name change?  address change  name change  both

4. Effective date of change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(Note: Changes cannot be accepted until after the effective date.)**

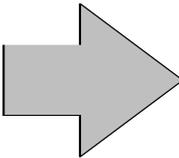
5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of: \_\_\_\_\_

I am currently licensed in New York State in the profession(s) of: \_\_\_\_\_ (see list of professions on page 2)

\_\_\_\_\_ New York State license number:

**Section II: Address Change (please print)**

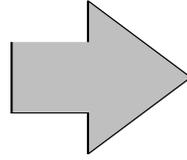
Information <u>C</u> urrently On Record		New Information
Apt./Bldg. _____		Apt./Bldg. _____
Street _____		Street _____
City _____		City _____
State _____		State _____
Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Province or Country (if not U.S.) _____	Province or Country (if not U.S.) _____	

Is this new address a business address?  Yes  No  
**Failure to answer this question will result in your address being deemed a business address and, therefore, public information.**

**Section III: Name Change (please print)** If you are reporting a name change, please sign using your **NEW** name in Section IV. Your new signature must be notarized for any name changes. **If you are currently registered you will receive a new registration certificate.**

**Information Currently On Record**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle or Initial \_\_\_\_\_



**New Information**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle or Initial \_\_\_\_\_

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment.

**Section IV: Affidavit**

*I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section V: For Name Changes Only: Notary Certification And Identification**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

**Notary Stamp**

**Professional Titles Licensed Under Education Law**

(See item #5 on page 1 of the form.)

Acupuncturist  
 Architect  
 Athletic Trainer  
 Audiologist  
 Certified Clinical Laboratory Technician  
 Certified Dental Assistant  
 Certified Histological Technician  
 Certified Public Accountant  
 Certified Shorthand Reporter  
 Chiropractor  
 Clinical Laboratory Technologist  
 Creative Arts Therapist  
 Cytotechnologist  
 Dental Hygienist  
 Dentist  
 Dietitian/Nutritionist  
 Interior Designer

Landscape Architect  
 Land Surveyor  
 Licensed Clinical Social Worker  
 Licensed Master Social Worker  
 Licensed Practical Nurse  
 Marriage and Family Therapist  
 Massage Therapist  
 Medical Physicist  
 Mental Health Counselor  
 Midwife  
 Nurse Practitioner  
 Occupational Therapist  
 Occupational Therapy Assistant  
 Ophthalmic Dispenser  
 Optometrist  
 Pharmacist  
 Physical Therapist

Physical Therapist Assistant  
 Physician  
 Podiatrist  
 Professional Engineer  
 Psychoanalyst  
 Psychologist  
 Public Accountant  
 Registered Physician Assistant  
 Registered Professional Nurse  
 Registered Specialist Assistant  
 Respiratory Therapist  
 Respiratory Therapy Technician  
 Speech-Language Pathologist  
 Veterinarian  
 Veterinary Technician

**New Applicants**  
**mail to** → New York State Education Department, Office of the Professions, Division of Professional Licensing Services, (insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**Licensees**  
**mail to** → New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.



**THE STATE EDUCATION DEPARTMENT**  
**Office of the Professions**  
**Division of Professional Licensing Services**  
**89 Washington Avenue**  
**Albany, NY 12234-1000**