

# Nurse Form 1

## Application for Licensure

The University of the State of New York  
The State Education Department  
Office of the Professions  
Division of Professional Licensing Services

**Applicants Must Complete All Pages Of This Application *In Ink***

**All applicants for licensure** must complete this form and submit it with the appropriate licensure and registration fee (\$143) directly to the Office of the Professions at the address at the end of this form. 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. **You must sign and date the Affidavit on this form in the presence of a Notary Public.**

1. Check what you are applying for  Registered Professional Nurse **22 \$143 ER**  Licensed Practical Nurse **10 \$143 ER**
2. Social Security Number \_\_\_\_\_ 3. Birth Date Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Leave this blank if you do not have a U.S. Social Security Number)

The name listed on your application for licensure, the name on your photo identification, and the name listed on your NCLEX application must **ALL** match **EXACTLY**. If your name does not exactly match in all instances it will delay your authorization to test (ATT), you may not be allowed to take the exam at your scheduled time and you may incur additional fees to test.

4. Print Name Last \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_
6. Telephone/Email Address  
Daytime Phone \_\_\_\_\_  
 Home or  Business

**Licenses business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

5. Mailing Address  Home or  Business  
(You must notify the Department promptly of any address or name changes)
- Line 1 \_\_\_\_\_  
Line 2 \_\_\_\_\_  
Line 3 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Country/  
Province \_\_\_\_\_
6. Area Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address (please print clearly)  
 Home or  Business
7. New York State DMV ID Number  
(Driver or Non-Driver ID)  
  
(Leave this blank if you do not have a  
New York State DMV ID Number)

8. Reasonable Testing Accommodations for Individuals with Disabilities. (check if applicable)

I have been diagnosed as having a disability and require special testing accommodations and am submitting the **Request for Reasonable Testing Accommodations** form to the address at the end of the form. I understand that I will not be able to test until I submit the appropriate documentation and am approved to test with accommodations. (Visit the Office of the Professions' Web site at [www.op.nysed.gov](http://www.op.nysed.gov) for information on obtaining the form.)

9. Name as it appears on degree or other credentials (if different from above) \_\_\_\_\_

10. Have you previously applied for New York State licensure in any profession licensed under New York State Education Law?  Yes  No  
If "yes", in what profession(s)? \_\_\_\_\_

11. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?  Yes  No

12. Are criminal charges pending against you in any court?  Yes  No

13. Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?  Yes  No

14. Are charges pending against you in any jurisdiction for any sort of professional misconduct?  Yes  No

15. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?  Yes  No

**NOTE:** If you answer "Yes" to any questions numbered 11-15, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

16. 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.

17. **You must complete all information for all schools/colleges/universities attended or your application will be considered incomplete.** Attach additional sheets if necessary. **Note:** If you are applying for licensure as a **licensed practical nurse** and you **did not** graduate from a New York State approved nursing program, 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. or a Canadian province other than Quebec with a BN, BSN or BScN after January 1, 2015), submit a copy of your nursing diploma in the original language.**

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
 Number of years attended \_\_\_\_\_ Attendance from \_\_\_\_\_ to \_\_\_\_\_ Completion date \_\_\_\_\_  
mo. yr. mo. yr. mo. yr.

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
 Number of years attended \_\_\_\_\_ Attendance from \_\_\_\_\_ to \_\_\_\_\_ Completion date \_\_\_\_\_  
mo. yr. mo. yr. mo. yr.

**Nursing Program**

Name of School \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
 Major/Concentration \_\_\_\_\_  
 Number of years attended \_\_\_\_\_ Attendance from \_\_\_\_\_ to \_\_\_\_\_  
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in 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. yr. mo. yr.  
 Title of Degree/Diploma/Certificate awarded (in original language) \_\_\_\_\_

2. Name of School \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
 Major/Concentration \_\_\_\_\_  
 Number of years attended \_\_\_\_\_ Attendance from \_\_\_\_\_ to \_\_\_\_\_  
mo. yr. mo. yr.  
 Title of Degree/Diploma/Certificate awarded (in original language) \_\_\_\_\_

18. 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

19. 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

20. Citizenship/Immigration Status

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- 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 am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify \_\_\_\_\_
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, 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.

21. Child Abuse Identification and Reporting Coursework Requirement - **RN Applicants Only** (check one)

- I graduated from a NYS registered and completed the child abuse identification training as part of 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).

22. Infection Control Training Requirement (check one)

- I graduated from a NYS registered licensure qualifying program within the last four years and completed the infection control training during my studies.
- I completed the infection control training within the last four years and have enclosed a certificate of completion from an approved provider.
- I completed the infection control training online within the last four years 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).

23. 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 \_\_\_\_\_

24. 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

25. Affidavit with Acknowledgement (**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. **This form must be signed and dated in the presence of a Notary Public.**

\_\_\_\_\_  
Applicant's Signature Date

**Notary**

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

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the above signed, 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

Notary Stamp

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