

Registered Nurse Application For Licensure by Examination/Endorsement – International Applicants

**Instructions:**

**Effective May 15, 2012 all applicants applying to Vermont by Exam or Endorsement must hold a valid US Social Security Number.**

**Applications without a valid social security number received in the Board office after May 15, 2012 will not be accepted.**

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

The State of Vermont works directly with two credentialing agencies. You may conduct your credentials review with either company; their contact information is listed below. Please request your **Vermont-specific** Credentials Evaluation Service (CES) Report prior to applying to the State of Vermont, as it may take several months for the credential evaluation to be completed.

**Credentials Evaluation Information**

<b>International Education Research Foundation, Inc.</b> P.O. Box 3665 Culver City, CA 90231 Website: <a href="http://www.ierf.org">www.ierf.org</a> Email: <a href="mailto:alliedhealth@ierf.org">alliedhealth@ierf.org</a> Phone: 310-258-9451  Applicants apply for a Vermont specific Credentials Evaluation Service (CES) report.	<b>CGFNS International</b> 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA Website: <a href="http://www.cgfns.org">www.cgfns.org</a>  Phone: 215-349-8767  Applicants apply for the Vermont Specific Professional Credentials Evaluation Service (CES) report.
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**When applying to CGFNS for a Vermont Specific CES report:** Follow the instructions on the CGFNS website, section 13b and indicate Vermont Board of Nursing as the second recipient for the Professional CES report.

**When applying to IERF for a Vermont Specific CES report:** Follow the instructions on the IERF website.

**For Applicants who already hold a CGFNS Certificate:** You must also submit a **Vermont-specific** CES report.

**For RN's whose nursing program was NOT taught in English:** In order to apply to the State of Vermont, you must have successfully completed an English Proficiency Exam. Submit a copy of your certificate of completion along with your application to the Board office.

**Notice:** The State of Vermont is currently not accepting RN applications from applicants educated in Haiti. Effective 9/10/08

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**Payment:**

1. Payment must be in US funds from a bank with a United States affiliate.
2. Payment can be sent in the form of check, money order, demand draft or travelers check.
3. The \$150.00 application fee must arrive with the application or the application will be returned to you.
4. Payment is not refundable.

**To complete your Vermont application you must:**

1. Enter your name exactly as it appears on your passport or US identification.
2. Provide an email address. Please make sure it is clearly printed, as any requests for information will be sent to you by email and by regular post.
3. You are required to answer all of the legal questions within this application.
4. If you have taken and failed the NCLEX-RN through another state, you must submit copies of your NCLEX-RN failure reports with the application.
5. If it has been two (2) years or more since you last took the NCLEX-RN and FAILED, you will also need to complete and NCLEX review course and submit the Certificate of Completion and Final Overall Score to our office for review.
6. If you have failed the NCLEX-RN two (2) times or more you will also need to complete and NCLEX review course and submit the Certificate of Completion and Final Overall Score to our office for review.

**Required Enclosures:**

- Enclose a photocopy of your current RN license showing expiration date.
- Enclose a photocopy of your original RN license showing expiration date (if different).
- Enclose a copy of your current passport (just the open face page) or United States identification.

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Office of Professional Regulation  
 Vermont Board of Nursing

**Registered Nurse Application for Licensure by Examination/Endorsement—International Applicants**

2x2 Recent Photo—Paste Here  Passportsized photo of head and shoulder taken within the last 6 months.	Application Fee: \$150.00  Office Use Only
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**Directions:**

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

**Effective May 15, 2012 you MUST have a U.S. Social Security Number to apply to the state of Vermont for licensure.**

Name: _____				
(Last/Surname)	(First)	(Middle)	(Former)	(Maiden)
Mailing address: _____				
(Street or P.O. Box)				
_____				
(City)	(State)	(Country)	(Zip/Postal Code)	

Agency—If applicable list Agency Name and Address	
Name: _____	Email address: _____
_____	
(Street or P.O. Box)	(State) (Country) (Zip/Postal Code)

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

Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. §129a(a)(14)).

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) _____
Social Security # _____ - _____ - _____	Place of Birth (city, state, country) _____
***Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, Labor and the Judiciary in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as a part of a public records request.	

Home Telephone: (_____) _____ Country/Area code	Cell Phone: (_____) _____
_____	Email address: _____

**Section B:**

Please answer yes or no to each of these questions. If the answer is yes please follow the provided instructions.

Have you ever committed acts of abuse, neglect, or misappropriation of patient property? <i>If "Yes", provide a detailed written explanation and attach all related documents.</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) ever denied your application for a license, certificate, or registration in any profession or occupation? <i>If "Yes", attach an official copy of the order or official notification of the action.</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) ever restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes", provide an official copy of the order or notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes", provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by another licensing authority? <i>If "Yes", provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you ever been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not __ minor) <i>If "Yes", provide a detailed written explanation and attach the official certified court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes", provide a detailed written explanation and attach a copy of the charges.</i>	Yes	No
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Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes", please have your provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes", provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on, the use of alcohol or habit-forming drugs? <i>If "Yes", provide a detailed written explanation.</i>	Yes	No
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Are you currently participating in a supervised program or professional assistance program which monitors your use of alcohol or controlled substances? <i>If "Yes", please provide the contract/stipulation under which you are practicing.</i>	Yes	No
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Note: It is unprofessional conduct for a licensee to fail to report to the Office of Professional Regulation a conviction of any felony or any offense related to the practice of the profession in a Vermont district court, a Vermont superior court, a federal court, or a court outside Vermont within 30 days (3 V.S.A. §129a(a)(11)).

**SectionC:**

**CHILDSUPPORT:**

ChildSupportOrders(15V.S.A.§795)  
 Asofthedateofthisapplication:(youmustcheck  one)

Iamnotsubjecttoachildsupportorder;OR  
 Iamsubjecttoachildsupportorderandamin goodstanding\*orinfullcompliancewithaplanto pay  
 Iamnotingoodstandingorinfullcompliance withaplantopay.\*\*

**TAXES:**

TaxCompliance(32V.S.A.§3113(b)):  
 Asofthedateofthisapplication:(youmustcheck  one)

IhaveeverlivedorworkedinVermontanddon otoweVermonttaxes;OR  
 notaxesaredueandpayableandallrequiredr eturnshavebeenfiled;OR  
 theliabilityforanytaxesdueandpayableis onappeal;OR  
 Iamincompliancewithapaymentplanapproved bytheVermontDepartmentofTaxes;OR  
 Iamnotingoodstanding\*orinfullcompianc ewithaplantopay.\*\*  
 Iamnotingoodstanding\*orinfullcompianc ewithaplantopay.

**DISTRICTCOURTFINES/JUDICIALBUREAU:**

UnpaidJudgments(4V.S.A.§1110(c))  
 Asofthedateofthisapplication:(youmustcheck  one)

Idonothaveanyunpaidjudgments.  
 Iamingoodstanding\*withrespecttoanyunp aidjudgmentissuedbythejudicialbureauordistr ictcourtfor  
 finesorpenaltiesforaviolationorcri minaloffense.  
 Iamnotingoodstanding.\*

\*"Goodstanding" is defined by various laws cited above. For more information, refer to the statute or consult the "information for applicants" on the Office of Professional Regulation webpage. (www.vtprofessionals.org)

**SectionD:**

HaveyouevertakentheNCLEX-RNexam?Yes\_\_\_\_\_ No\_\_\_\_\_

Ifyes,pleaseattachcopiesofyourNCLEX-RNresul tsandcompletethefollowing:

ThroughwhichstatedidoutaketheNCLEX-RN:\_\_\_\_\_

NumberoftimestheNCLEX-RNwastaken:\_\_\_\_\_

DateNCLEX-RNwastaken:\_\_\_\_\_

**SectionE:**

Ihavegraduatedfrommynursingeducationprogram withinthelastfive(5)years:Yes\_\_\_\_\_N o\_\_\_\_\_

DateofGraduation:\_\_\_\_\_ (MM/DD/YYYY)

NameofNursingSchool\_\_\_\_\_

NursingSchoolMailingAddress:\_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Post \_\_\_\_\_ alCode \_\_\_\_\_

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**Section F:**

I have practiced as a registered nurse as defined in 26 V.S.A. §1576(c); Rules Part 7, 7.6(b) for at least (check the appropriate statement):  
\_\_\_\_\_ 120 days (960 hours) in the last 5 years      or      \_\_\_\_\_ 50 days (400 hours) in the last 2 years

\_\_\_\_\_ I have **not** worked as a registered nurse in the last 2 or 5 years.

**Position #1 (most recent RN work history)**

Name of Employer: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_  
(Street/PO Box)  
\_\_\_\_\_  
(City)                      (State)                      (Country)                      (Zip/Postal Code)  
Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Telephone Number (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Paid or Volunteer \_\_\_\_\_  
Full Time or Part Time: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
(MM/DD/YYYY)                      (MM/DD/YYYY)

**Position #2 (additional work history if applicable )**

Name of Employer: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_  
(Street/PO Box)  
\_\_\_\_\_  
(City)                      (State)                      (Country)                      (Zip/Postal Code)  
Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Telephone Number (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Paid or Volunteer \_\_\_\_\_  
Full Time or Part Time: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
(MM/DD/YYYY)                      (MM/DD/YYYY)

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**Section G:**

If you practiced as a registered nurse in a private duty capacity or as a volunteer, attach:

**Private Duty:**

1. An Official letter from the Attending Physician on their letterhead, stating that RN care was required. The letter must clearly list the Physician's name, title, contact telephone number and have their signature.
2. A letter from your Employer or Client, verifying your role and duties as a Private Duty Nurse. They must verify the number of days, hours and dates worked. The letter must clearly list the Employer/Client's name, contact telephone number, email address, mailing address and have their signature.

**Volunteer:**

1. An Official letter from your Employer sent directly to the Vermont Board of Nursing office from the Director of Nursing or Director of Human Resources. A copy of your Job Description as a Volunteer Nurse, and a letter listing the number of days, hours and dates worked. The letter must clearly list the name of the Director of Nursing or Director of Human Resources, their telephone number, email address, mailing address and have their signature.

I hereby certify that I understand that my application will not be complete without completing a <b>Vermont-specific</b> Credentials Evaluation Service (CES) Report. I understand that my application must be completed within one year. Check off the statement below that applies to you:		
I will be obtaining a CES Report from:	<input type="checkbox"/> CGFNS	<input type="checkbox"/> IERF
I have already sent a CES Report from:	<input type="checkbox"/> CGFNS	<input type="checkbox"/> IERF

<b>Statement of Applicant</b>	
I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure or further disciplinary sanction.	
<b>Signature:</b>	<b>Date:</b>

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

**End of Application**