

*******PLEASE READ*******

NEW REQUIREMENTS FOR HAWAII NURSE LICENSE EXAMINATION AND ENDORSEMENT APPLICANTS

October 24, 2018

On October 17, 2018, Governor Ige signed the proposed amendments to Hawaii Administrative Rules, Title 16, Chapter 89 Relating to Nurses.

The following are the amendments that directly affect you if your application for a Hawaii nurse license is received on or after the effective date of the new administrative rules:

EXAM APPLICANTS:

If you failed the NCLEX PN or RN three (3) times, regardless of which state or jurisdiction you were made eligible, you will be required to complete a board approved remedial course before being approved to sit for the NCLEX.

So, if you were previously approved to sit for the NCLEX in another state and failed the exam, those failed attempts will count towards the 3 times.

ENDORSEMENT APPLICANTS:

You will be required to submit a self-query report from the National Practitioner Data Bank ("NPDB").

SUBMIT the original "NPDB Response to Self-Query" report from the National Practitioner Data Bank (NPDB). To obtain the report, go to the NPDB website at: www.npdb.hrsa.gov and click on Perform a Self-Query. If you are unable to go on-line, call NPDB at 1-800-767-6732 for assistance. After you receive this report, send the original report to the Board of Nursing.

The NPDB is now making your NPDB report available for download. The Board of Nursing will accept either the ORIGINAL hard copy that is mailed to you or the ORIGINAL emailed report. You will need to attach the PDF file in the email. Please forward the original email to nursing@dcca.hawaii.gov.

You will be notified if any of the above new requirements apply to you.

ATTENTION ALL NURSE EXAM APPLICANTS

GOVERNMENT ISSUED IDENTIFICATION AND SOCIAL SECURITY CARD

Effective July 1, 2016, we will only accept the most current revised applications that are posted online. No "old" applications will be accepted. Submitting an outdated application will delay processing. The current application has been revised and includes additional documentation to be submitted for exam applicants. This is due to the numerous discrepancies when candidates attempt to sit for the exam.

Applications that will not be processed or be delayed:

- Application other than the "current" application that is available online;
- Incomplete application; or
- Filing of incorrect application.

Additional documentation required to be filed with application:

- Legible copy of government issued photo ID that includes your date of birth (same photo ID to be used for entry into the exam); and
- Legible copy of social security card.

CRIMINAL HISTORY RECORD CHECK

Effective July 1, 2017, all new applicants for a Hawaii nurse license (LPN, RN, APRN or Prescriptive Authority) will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks.

If you submit an application on or after July 1, 2017 or before July 1, 2017, but your license will not be issued/effective until on or after July 1, 2017, you will be required to the criminal history record check requirement.

See attached information sheet on the instructions/requirements for the Criminal History Record Check.

Thank you!

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CRIMINAL HISTORY RECORD CHECK LICENSE REQUIREMENT

Requirements and Instructions

Requirements: Any licensed issued on or after July 1, 2017 or if you are applying for restoration or reactivating your Hawaii nurse license (LPN, RN, APRN or Prescriptive authority), you will be required to comply with the electronic fingerprinting requirements for the purpose of obtaining federal (FBI national criminal history check) and the State of Hawaii (Hawaii Criminal Justice Data Center) criminal history record checks in accordance with section 847-2.7.

Instructions: Electronic fingerprinting

- Please visit Fieldprint Inc., at: <http://fieldprinthawaii.com> to make an appointment, or to inquire about other available site locations on the Continental United States, or call (877) 614-4361;
- Fieldprint code that you must enter is FPHIBrdNursing (not case sensitive);
- The applicant shall bear the cost of the fingerprint processing and all fingerprinting fees shall be paid directly to Fieldprint; and
- You must file your license application within thirty (30) days of the fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will be required to submit to the fingerprinting process again.

NOTE: If you were previously fingerprinted by another board of nursing or employer, you still have to submit to the electronic fingerprinting for a Hawaii nurse license. The Fieldprint code is specifically for Hawaii nurse licensees and applicants. If you do not use this code, FPHIBrdNursing (not case sensitive), we will not be able to retrieve your report and you will have to go back to get fingerprinted and pay another fee.

LICENSE REQUIREMENTS AND INFORMATION FOR FILING - NURSE'S LICENSE BY EXAM

Access this form via website at: cca.hawaii.gov/pvl

If you have applied, taken and passed the NCLEX in another state, STOP - DO NOT COMPLETE THIS APPLICATION, you must be licensed in the state that approved you to sit for the NCLEX and then apply to Hawaii for nursing license (without exam).

APPLICATION FOR LICENSE

1. Complete on-line fillable form or print *legibly* in dark ink. Previous versions of the application will not be accepted, we will only accept the most "current" version of the application.
2. Answer **all questions**.
3. Application **must** include applicant's original signature. Incomplete applications will delay processing and/or will not be accepted.
4. Incomplete applications will delay processing and/or will not be accepted.

Applications for RN and PN license are considered **separate** applications with separate education requirements. You must submit official documents and fees for each application. If you have been granted one type of nurse license and are now applying for the other type of nurse license, you must attach copies of your official documents, or if applicable, have transcripts sent directly to the Board. Please note that completion of an RN nursing program does not automatically qualify you to sit for the PN exam.

EDUCATION

All required documents and completed application with fee must be submitted and received prior to determining eligibility for the exam. Please allow 3-4 weeks processing time. Applicants are subject to current requirements in effect at time of filing.

U.S. GRADUATES

If you have just graduated or will be graduating soon, have your nursing school send the following **directly** to the Board:

- 1) An official final transcript verifying degree conferred or
- 2) An official letter from your school certifying the successful completion of your nursing program which must be received in the Board's office first in order to be deemed eligible to sit for the exam.

(An official final transcript verifying degree conferred must follow and be received prior to licensure.)

FOREIGN SCHOOL APPLYING FOR NCLEX PN/RN EXAM

Each foreign school graduate must have successfully completed a nursing program which is equivalent to U.S. nursing education standards. This is accomplished by having your nursing school transcripts evaluated by the Commission on Graduates of Foreign Nursing Schools (CGFNS). You are to arrange with the CGFNS to have one of the following reports prepared for you:

- a) Credentials Evaluation Service (CES): **CES Professional Report.**
No English competency or CGFNS examination required;

OR

- b) Certification program (CEP): It includes an English competency exam, the CGFNS exam and an education credentials evaluation.

Please contact the CGFNS for application information at:

Commission on Graduates of Foreign Nursing Schools
3600 Market Street, Ste. 400
Philadelphia, PA 19104-2651
Applicant inquiries: Phone: (215) 349-8767
Website: <http://www.cgfns.org>

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**EDUCATION
(Cont'd)**

FOREIGN SCHOOL
APPLYING FOR
NCLEX PN/RN
EXAM (Cont'd)

Once you have completed the evaluation process, your report will be accessed online provided it was done within one (1) year of filing your application with the Board. You are required to provide your CGFNS ID to the Board in order for the Board to be able to access your report.

If you have completed the evaluation over one (1) year prior to filing your application with the Board, you must submit a copy of your report.

It is the applicant's responsibility to provide all necessary school documents to the evaluator so an accurate assessment can be made. ***The applicant must arrange to have a certification or CES Professional Report. It is the applicant's responsibility to settle any discrepancy in the report with the evaluator. The applicant must work with his or her school to ensure that all appropriate documents and information are received by the evaluator on a timely basis. The applicant must arrange to have an evaluation done weeks/months in advance to ensure that all problems are resolved prior to application submission. Acceptance of report subject to Board approval.***

NOTE: The Hawaii Board of Nursing no longer accepts evaluations prepared by Educational Credential Evaluators (ECE).

ARMED FORCES
PROGRAM
GRADUATES

- 1) Submit a certified letter from the Board of Nursing in the state in which the nursing program is located. The letter must verify that the state board recognizes the program as being comparable to a nursing program from an accredited school of nursing. Generally, Armed Forces programs do not meet the educational requirements for the RN program.
- 2) Submit official transcripts and a copy of course descriptions. The latter will be used to determine whether courses taken are comparable to those required by the Hawaii Board of Nursing.

**PICTURE
IDENTIFICATION
DATE OF BIRTH**

Please submit a legible copy of an unexpired, government issued identification card/document that includes your picture, i.e. driver's license, passport, Military identification card, etc. **AND** indicates your date of birth.

This picture identification card/document should be the same identification to be used when gaining entry to the exam on your test date. Any discrepancies on the name, date of birth, etc. that you indicated on the application and what is indicated on your picture identification card/document and you may not be allowed to sit for the NCLEX.

**SOCIAL SECURITY
NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your Social Security Number and a legible photo copy of your social security card or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

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**CRIMINAL
HISTORY
RECORD CHECK
FEDERAL
BUREAU OF
INVESTIGATION
("FBI") REPORT**

All applicants are required to submit to a FBI fingerprint check through the Hawaii Criminal Justice Data Center (HCJDC). To obtain a FBI national Criminal History Record check and the State of Hawaii Criminal History Record check, applicants shall be fingerprinted electronically at **Fieldprint Inc.** locations nationwide or any other fingerprinting agency approved to send electronic fingerprints to the Hawaii Criminal Justice Data Center ("HCJDC").

Please visit Fieldprint Inc. at: <http://fieldprinthawaii.com> to make an appointment, inquire about other available site locations on the Continental United States, or call (877) 614-4361. Fees for the FBI and the State of Hawaii Criminal History Record checks shall be paid directly to Fieldprint and will be electronically sent to the HCJDC.

NOTE: A license application must be filed within 30 days of the fingerprinting to ensure that the results are obtainable from the HCJDC. If the results are not obtainable, you will be required to obtain new fingerprints.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

**DOCUMENTATION
REQUIREMENTS
FOR "YES"
ANSWERS TO
QUESTIONS (3), (4)
OR (5)**

The following documentation/materials must be submitted with the license application or submitted directly from the official source. Applications will not be processed without this documentation/materials.

1. If you answered "YES" to question #3, "Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?", you must submit the following:
 - a) A detailed statement signed by you explaining the underlying circumstances that led to the conviction(s);
 - b) Certified copies of court documents related to the conviction that include but is not limited to the indictment(s), judgments, disposition of the court, terms of sentence and sanctions. Also, if applicable, proof of compliance with any sanctions imposed by the court(s) i.e. proof of payment of fines, completion of course, etc; and
 - c) If you are currently on parole or probation, a certified copy of the terms of the parole or probation and a statement from your parole or probation officer as to your compliance with the court orders.

2. If you answered "YES" to question #4, "Has any license ever been revoked, suspended, or otherwise subject to disciplinary action by the Hawaii State Board or another state board?", you must submit the following:
 - a) A detailed statement signed by you explaining the underlying circumstances that led to the disciplinary action(s); and
 - b) Certified copies of any documents from the agency (other Board of Nursing) including final orders, petitions, complaints, findings of fact and conclusions of law, consent orders, and any other relevant documents.

3. If you answered "YES" to question #5, "Are you presently being investigated or is any disciplinary action pending against you?", you must submit the following:
 - a) A detailed statement signed by you explaining the underlying circumstances that led to the disciplinary action(s); and
 - b) Certified copies of any documents from the agency (other Board of Nursing) including petitions, complaints, findings of fact and conclusions of law, consent orders, and any other relevant documents.

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**DOCUMENTATION
REQUIREMENTS
FOR "YES"
ANSWERS TO
QUESTIONS (3), (4)
OR (5)
(Cont'd)**

If you previously filed an application for nurse license and provided the previous information and was approved by the Board and have not had any subsequent convictions, disciplinary actions or are currently being investigated, then you may submit a signed statement indicating that the information was previously disclosed and documents submitted and that there has not been any subsequent convictions, disciplinary actions or pending investigations.

Also, for any pending disciplinary actions or investigations, you are required to report the outcome with documentation of the investigation within thirty (30) days of the disposition.

FEES

ATTACH: Check made payable to **Commerce & Consumer Affairs**. (check must be in U.S. dollars and be from a U.S. financial institution.)

INITIAL fee for REGISTERED NURSES Application - \$40*
INITIAL fee for PRACTICAL NURSES Application - \$40*

After passing the exam, additional license fees will be due.

**The application fee is not refundable.*

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

ADDRESS

The Board's mailing address is:

Board of Nursing
P. O. Box 3469
Honolulu, HI 96801

Molokai & Lanai: 1-800-468-4644, ext. 6-3000
Hawaii: 974-4000, ext. 6-3000
Maui: 984-2400, ext. 6-3000
Kauai: 274-3141, ext. 6-3000

Phone: (808) 586-3000

If you wish to deliver your application in person or by over night mail, the Board's street address is:

Board of Nursing
335 Merchant Street, Rm. 301
Honolulu, HI 96813

**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

STATE LAWS AND RULES

All applicants/licensee are responsible for reading, being knowledgeable and maintaining current knowledge of the Hawaii Statutes and Rules relating to nursing and the amendments adopted throughout the years for the duration of the applicant/licensee's nursing career. These statutes and rules consist of Chapter 457, Hawaii Revised Statutes and Chapter 89, Hawaii Administrative Rules. Copies of these chapters may be obtained by submitting a written request to the Board of Nursing, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the nursing statutes. The laws and rules are also available on our website at: cca.hawaii.gov/pvl.

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, contact the Examination Branch at (808) 586-2711 immediately. Determination of candidate qualification for special testing arrangements will be made and the type of special testing arrangements which have to be provided.

ADDRESS/NAME CHANGES

It is the responsibility of the applicant to notify the Board of any changes in writing. If you have a name change **after** your application was originally filed, you must provide a photocopy of the name change document along with a letter requesting the change. Or you may use a Name Change Affidavit form from the Board's office. In your correspondence specify that you are applying for licensure by examination.

All address changes must be submitted in **writing**. No changes will be taken over the phone. The Board will not be responsible for nonreceipt of any correspondence.

LICENSE RENEWALS

All licenses, regardless of issuance date, expire on June 30 of each odd-numbered year and are subject to renewal. Renewal applications are made available about 60 days prior to the license expiration date. Effort will be made to mail applications to licensees upon request only or pick one up at 335 Merchant Street, Room 301 in Honolulu. The Board must be informed in a timely manner of any address changes in writing. **EACH LICENSEE IS ULTIMATELY RESPONSIBLE FOR THE RENEWAL OF HIS/HER NURSING LICENSE.** The Board will not negotiate this matter with the employers for a licensee who has not timely renewed a nursing license. **AT NO TIME MAY A NURSE, WHOSE LICENSE HAS LAPSED, CONTINUE TO PRACTICE AS A NURSE. IT IS THE NURSE'S DUTY TO INFORM EACH EMPLOYER WHO IS IMPACTED, OF THE NURSE'S FAILURE TO RENEW A NURSING LICENSE ON TIME.**

CONTINUING COMPETENCY REQUIREMENT

Beginning on July 1, 2017, all Hawaii nurse licensees who do not meet one of the exemptions will be required to complete one of the learning activity options for continuing competency prior to the renewal of his/her Hawaii nurse license in 2019. Please review the Continuing Competency Booklet located on the Board's web page, cca.hawaii.gov/pvl/boards/nursing.

NURSES RE-APPLYING FOR LICENSE

Nurses who fail to restore their forfeited license within two years must re-apply as new applicants for licensure. If Hawaii was your "original" state of licensure, **by examination**, complete the application "Nurse's License By Exam". If we no longer have your education and examination documents, you will need to have your education and exam documents sent to the Board.

Note: If you were originally licensed in Hawaii by endorsement of an out-of-state license, complete the other application titled "Nurse (Without Exam) Endorsement".

RELEASE OF INFORMATION

If an agency or individual is assisting you with the registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on Release of Information to Third Party, sign, and date it.

GENERAL IMPORTANT INFORMATION FOR ALL NURSE APPLICANTS

LICENSE AFTER FORFEITURE

A. License Renewal & Re-Applying After Forfeiture

- 1) All nurses whose licenses are not renewed by June 30, every odd numbered year shall cause their licenses to be forfeited. These nurses have two years to restore their licenses. (Note: Practicing without a license during this period shall be considered unlicensed activity punishable to the full extent of the law).
- 2) **After** two years of the date of forfeiture, the nurses who fail to restore their forfeited licenses to active status shall be required to apply as new applicants for licensure. These nurses shall be required to submit a new application, fees, education and other pertinent documents, which include successful completion of the National Council of State Boards of Nursing exam.
Nurses who have not practiced nursing in the United States or U.S. territories for five or more years may be required to:
 - a) Retake and pass the NCLEX or
 - b) Complete appropriate continuing education approved by the Hawaii Board of Nursing.
- 3) It is the responsibility of each nurse to keep abreast with amendments to laws relating to nursing. Licensing requirements at the time of application shall apply.

B. License Inactivation and Reactivation of License

- 1) All nurses with inactive licenses who have not practiced nursing in the United States or U.S. territories for five or more years may be required to:
 - a) Retake and pass the NCLEX or
 - b) Complete appropriate continuing education approved by the Hawaii Board of Nursing.
- 2) It is the responsibility of each nurse to keep abreast with amendments to laws relating to nursing. Licensing requirements at the time of application shall apply.

NOTE: Restoration and reactivation applicants are required to comply with the electronic fingerprinting requirement for a criminal history/background check prior to the restoration or reactivation of the license.

NOTIFICATION OF DISCIPLINARY ACTION

Once licensed, each licensee who has a nursing license disciplined in another state, must notify the Hawaii Board of Nursing within 30 days of the action. Failure to do so may result in action taken against the person's Hawaii nursing license.

HAWAII CENTER FOR NURSING FEES

Act 198 (effective July 1, 2003) establishes a Center for Nursing ("Center") at the University of Hawaii School of Nursing and Dental Hygiene. The Center will help to ensure that better data about nurses is available, which will improve health care in Hawaii, as well as working conditions for nurses. The Center will collect and analyze data and prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce. The Center will conduct research on best practices and quality outcomes, as well as, develop a plan for implementing strategies to recruit and retain nurses. Act 198 establishes a special fund to support the Center's activities and requires the assessment of a \$40 fee to support the Center, and beginning with the 2005 renewal, the fee will be assessed for each license renewal.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE BY EXAM - NURSE

Access this form via website: cca.hawaii.gov/pvl

Check type of LICENSE you are applying for:

REGISTERED NURSE PRACTICAL NURSE

Foreign School Graduates

- Indicate when you requested to have your CGFNS certification or evaluation report submitted to the Board. Date: _____ CGFNS ID#: _____

U.S. School Graduates

- Indicate when you arranged to have your final transcripts sent directly to the Board. Date: _____
- Provide date you were fingerprinted to obtain the national (FBI) and State Criminal History Record Check. Date: _____

LEGAL NAME (First, Middle) _____ (Last) _____

Other Names Used (Include maiden name) _____

Residence Address (Include Apt. No., City, State and Zip Code) _____

OFFICE USE ONLY

Approved: Initials/date: _____

License No. _____ Eff. Date: _____

- FOREIGN CGFNS CP or CES
- U.S. GRADUATES final transcript
 - letter of successful completion
 - Photo ID w/DOB SSN

CBC: EO:

Mailing Address (ONLY if different from above) _____ Date of Birth _____ U.S. Social Security No. _____

Phone No. (Days) _____ PERSONAL E-Mail Address _____

EDUCATION	Name of School	Location (City/State/County)	Dates (mo/yr)		Degree Earned	Type of Program
			From	To		
Nursing					<input type="checkbox"/> ADN	<input type="checkbox"/> RN
					<input type="checkbox"/> BSN	<input type="checkbox"/> LPN
Other						<input type="checkbox"/> MEPN
						<input type="checkbox"/> MSN

Check answers. If response is "YES" to questions 3 to 5, provide a signed written statement explaining the circumstances and give details in addition to the documents requested below:

ALL APPLICANTS

1) Are you at least 18 years of age? (Please provide proof of date of birth) Yes No

2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? (Please provide proof of authorization to work in the U.S., e.g. Social Security Card, residence VISA, etc.) Yes No

3) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No

If "YES", arrange to have certified court documentation on the date, place, violation for each conviction and fulfillment of conditions of each sentence and a signed written explanation by you as to the circumstances that led to the conviction.

4) Has any license ever been revoked, suspended, or otherwise subject to disciplinary action by the Hawaii State Board or another state board? Yes No

If "YES", arrange to have certified documents from each state in which disciplinary action was taken, and a signed written explanation by you as to the circumstances that led to the conviction sent directly to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order, and whether you have been re-instated. If re-instated, date and conditions of license).

(CONTINUED ON PAGE 2)

Print Name of Applicant: _____

Date: _____

ALL APPLICANTS (cont'd)	5) Are you presently being investigated or is any disciplinary action pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", specify all states where action was or may be imposed. Arrange to have certified documents from each state in which disciplinary action or investigation occurred or is pending against you sent directly to the Board.				
	6) Have you ever held this type of nursing license in Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide your license number: _____ and date license was issued: _____				
NOTE: All applications may be subject to Board review.					
OTHER STATE LICENSES	State of Licensure	Check Method of Licensure		Type of License	License Number
	Original	<input type="checkbox"/> Exam	<input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver	<input type="checkbox"/> RN <input type="checkbox"/> LPN	
	Other	<input type="checkbox"/> Exam	<input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver	<input type="checkbox"/> RN <input type="checkbox"/> LPN	

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Affidavit of Applicant:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that my exam scores will be released to my school of nursing unless I am a foreign graduate. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 457-12, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 457 and Hawaii Administrative Rules, Chapter 89.

I hereby certify that I will authorize the Board of Nursing to provide my email to the Hawai'i State Center for Nursing (HSCN) to collect and analyze workforce data. The HSCN will handle my information in a secure and confidential manner and my email will not be shared without my authorization.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print name of individual who is assisting you: _____

Signature of Applicant

Date

Pursuant to §436B-9, Hawaii Revised Statutes, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes, but is not limited to:

(1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or

(2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an examination requirement, within two consecutive years from the date your application was approved, or

(3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Frequently Asked Questions regarding Abandoned Applications

1) Q: If after receiving my application the board or program requests additional information, how much time do I have to provide them with the requested information before my application is deemed abandoned?

A: You have two years from the date the information is requested.

2) Q: If I am an applicant who is required to take a licensing examination in order to complete the licensing process and my application to take the licensing examination is approved, how much time do I have to complete the examination requirement before my application is abandoned?

A: You must make an attempt to take the examination within two years from the date your application is approved.

3) Q: What is meant by "attempt to take the examination?"

A: You must register and take the examination.

4) Q: If the statutes or rules of the boards or programs do not set time limits on taking and passing the examination, and the only requirement left for me to become licensed is to pass the examination, and within the two year period I should fail the examination, re-register for the examination, but fail again, will my application be abandoned because I could not pass the examination within two years?

A: Your application will not be abandoned because you would have demonstrated your efforts to take the examination by registering for and taking the examination.

(NOTE: Our office will only be notified of your efforts if you take the examination as a Hawaii candidate. Examination results will not automatically be provided to our office if you sit for the examination via another state board. Therefore, if you are in this situation, please arrange for the test results to be sent to us).

5) Q: What does it mean if my application is abandoned?

A: It means that your application is no longer valid, will be destroyed, and you shall be required to reapply and comply with the requirements for licensure at the time of the reapplication. To reapply, you must submit a new application and you will be required to comply with the licensing requirements and pay fees that are in effect at the time you submit your new application.

- 6) Q: Will you be providing a notice to me before my application is abandoned?
- A: It is not required that we notify you before your application is abandoned. However, some boards and programs have taken the initiative to send out notifications.
- 7) Q: Will any of the documents that supplemented my first application be saved in case I need to reapply?
- A: No. When you reapply, you will need to again provide us with documentation.
- 8) Q: Will the application fee that I paid with my first application carry over to cover the application fee for my new application?
- A: No. You will be required to again pay the non-refundable application fee.
- 9) Q: If my application has not been destroyed does this mean that it has not yet been deemed "abandoned?"
- A: No. Simply because an application has not been destroyed does not mean that it has not been deemed abandoned.
- 10) Q: If I am currently unable to complete the licensing process (eg., no continued effort), how do I prevent my application from being abandoned?
- A: You have two years to complete the licensing process. However, if you are unable to show continued effort for two consecutive years but you still intend to complete the licensing process, you must send a written communication to the board or program **prior** to the two year expiration explaining why you are unable to complete the licensing process within two years. Your written communication shall also request approval to complete the licensing process by a specific date after the two year expiration. You will be advised whether your request is approved or disapproved. If disapproved, your application will be destroyed and you will need to reapply for licensure.
- 11) Q: Who do I contact to find out if my application is soon to be abandoned?
- A: You may contact the Licensing Branch at (808) 586-3000.