

# IMPORTANT – PLEASE READ CAREFULLY BEFORE SUBMITTING YOUR APPLICATION FOR LPN, RN LICENSE

In addition to the requirements attached to the application for a Hawaii nurse license by exam the following are also required to apply for a Hawaii LPN or RN license

## **Applications will not be processed or be delayed if:**

- ✓ An older version of the application is submitted;
- ✓ Incomplete applications, not responding to all questions or failing to provide required signed statement/explanation and court documents or Board orders for any if you answered “yes” to the prior conviction or prior disciplinary action question or not responding to the question truthfully;
- ✓ Filing incorrect application; or
- ✓ Failure to submit required documents as applicable, i.e. copy of government photo I.D., social security card.

## **Licensed Practical Nurse or Registered Nurse – Exam Applicants**

### • **CURRENT APPLICATION**

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 Submitting an outdated application will delay processing.

### • **GOVERNMENT ISSUED IDENTIFICATION AND SOCIAL SECURITY CARD**

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 your “signed” social security card.

### • **CRIMINAL HISTORY RECORD CHECK**

All applicants for a Hawaii nurse license are required to be fingerprinted for a criminal history record check.

Any application received after July 1, 2017 or license issued on or after July 1, 2017 are required to be fingerprinted.

## CRIMINAL HISTORY RECORD CHECK LICENSE REQUIREMENT

### REQUIREMENTS AND INSTRUCTIONS

<b>REQUIREMENTS:</b>	<ul style="list-style-type: none"><li>• <b>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)</b></li><li>• 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.</li></ul>
.	<b>ELECTRONIC FINGERPRINTING</b>
<b>INSTRUCTIONS:</b>	<ul style="list-style-type: none"><li>• <b>Please visit Fieldprint Inc., at: <a href="http://fieldprinthawaii.com">http://fieldprinthawaii.com</a> to make an appointment or to inquire about other available site locations on the Continental United States, or call (877) 614-4361;</b></li></ul>
.	<ul style="list-style-type: none"><li>• <b>Fieldprint code</b> that you must enter is <b>FPHIBrdNursing</b> (not case sensitive);</li></ul>
.	<ul style="list-style-type: none"><li>• The applicant shall bear the cost of the fingerprint processing and all fingerprinting fees shall be paid directly to Fieldprint; and</li></ul>
.	<ul style="list-style-type: none"><li>• You must file your license application within thirty (30) days of the fingerprinting to ensure that the results can be obtained.</li></ul>
.	<ul style="list-style-type: none"><li>• If we are unable to obtain the results, you will be required to submit to the fingerprinting process again.</li></ul>
<b>NOTE:</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• <b>If you do not use this code, FPHIBrdNursing</b> (not case sensitive), we will not</li></ul>
	be able to retrieve your report and you will have to go back to get fingerprinted and pay another fee.

**Applicants who are not in the U.S. or in a location that Fieldprint is unable to service will have to wait until you enter the U.S. and be fingerprinted. Please be advised that a license to practice will not be issued until the fingerprint requirement(s) are met.**

- **TRANSCRIPTS**

Exam applicants and applicants for APRN license must have your transcripts requested and sent directly from your nursing program. We will NOT accept transcripts unless they are in a sealed envelope from your nursing program.

If you were educated outside the U.S., you must have your education reviewed by a Board-approved credentialing organization.

Currently there are two (2) credentialing organizations approved by the Board:

- ✓ CGFNS
- ✓ Josef Silny & Associates, Inc., International Education Consultants

You shall make arrangements to have one of the credentialing organizations prepare a credentials review to determine if your education is comparable to a graduate of a U.S. accredited nursing program at the time of graduation.

The credentials evaluation must either be retrievable online directly from the credentialing organization or directly emailed to us from the credentialing organization. Copies will NOT be accepted.

The credentials evaluation must indicate that your education is comparable to a graduate of a U.S. accredited nursing program without any deficiencies or your application will be deferred.

- **AUTHORIZATION TO WORK IN THE U.S. AND SOCIAL SECURITY NUMBER/CARD**

If you are not authorized to work in the U.S. and do not have a U.S. social security number issued to you, you may still apply to sit for the NCLEX, however, upon passing, you may be issued a conditional approval.

This conditional approval is NOT a license to practice nursing. Once you enter the U.S., you will be required to complete your fingerprinting and once you can provide proof of your authorization to work in the U.S. and a signed social security card, a nurse license may be issued.

When submitting your application, should you answer “No” to the question “Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?”, you may submit a signed statement clarifying that you currently reside outside the U.S. and is currently not authorized to work in the U.S. nor do you have a U.S. social security card/number and understand that upon approval and passing the exam you may be issued a conditional approval until you provide official documentation that you are authorized to work in the U.S. and your social security card. This statement will assist in processing your application more efficiently as we will not assume that you responded to this question in error.

- **FAILING THE NCLEX**

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

**§16-89-9 Examination policies.** (a) The passing standards for the NCLEX-RN and NCLEX-PN examinations accurately reflect the amount of nursing ability currently required to practice competently at the entry level. The passing standards for the NCLEX-RN and the NCLEX-PN shall be established by the National Council of State Boards of Nursing unless otherwise determined by the board.

(b) Candidates may take the examination, provided candidates register for each examination. Any candidate who fails the license examination three times, regardless of when or where the examination was taken, and regardless of which state or jurisdiction the candidate was made eligible, shall be required to complete a board-approved remedial course and submit proof of passing the course before the candidate may be approved for reexamination. The candidate shall apply for reexamination within six months after completion of the remedial course. After taking the remedial course, the candidate may be approved to retake the examination up to three additional times before the candidate is required to take remediation again.

"Remedial course" means a course that is approved by the board and meets the requirements of subchapter 8 and shall include a minimum of sixty hours of didactic instruction and sixty hours of clinical instruction.

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

Access this form via website at: [cca.hawaii.gov/pvl](http://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, will be destroyed, if you fail to complete the license process within one year after filing the application, or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements 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](http://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](http://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, SLH 2003 establishes a special fund to support the Center's activities. Act 66, SLH 2022 increased the fee from \$40 to \$60 to support the Center and which will be assessed at initial licensure and renewal/restoration.

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](http://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) \_\_\_\_\_

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).**

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:

(CONTINUED ON PAGE 2)

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

<b>ALL APPLICANTS (cont'd)</b>	5) Are you presently being investigated or is any disciplinary action pending against you? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>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.</b>				
	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: _____				
<b>NOTE: All applications may be subject to Board review.</b>					
<b>OTHER STATE LICENSES</b>	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