

IMPORTANT – PLEASE READ CAREFULLY BEFORE SUBMITTING YOUR APPLICATION FOR APRN LICENSE

In addition to the requirements attached to the application for a Hawaii nurse license by exam or endorsement, the following are also required to apply for a Hawaii APRN 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.

Advanced Practice Registered Nurse (“APRN”) Applicants

- **CURRENT APPLICATIONS**

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 Submitting an outdated application will delay processing.

- **CURRENT HAWAII RN LICENSE**

In order to obtain or maintain a Hawaii APRN license, you must have a current and valid Hawaii RN license.

If you are applying for both the Hawaii RN and APRN license, you may submit your applications at the same time and need not wait until a Hawaii RN license is issued to you.

- **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

REQUIREMENTS:	<ul style="list-style-type: none"> 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.
.	ELECTRONIC FINGERPRINTING
INSTRUCTIONS:	<ul style="list-style-type: none"> 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;

.	<ul style="list-style-type: none"> Fieldprint code that you must enter is FPHIBrdNursing (not case sensitive);
.	<ul style="list-style-type: none"> The applicant shall bear the cost of the fingerprint processing and all fingerprinting fees shall be paid directly to Fieldprint; and
.	<ul style="list-style-type: none"> You must file your license application within thirty (30) days of the fingerprinting to ensure that the results can be obtained.
.	<ul style="list-style-type: none"> If we are unable to obtain the results, you will be required to submit to the fingerprinting process again.
NOTE:	<ul style="list-style-type: none"> 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.

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.

If you were previously fingerprinted in order to receive a Hawaii RN or LPN license after July 1, 2017, you need not be fingerprinted again when applying for the APRN license.

- **NATIONAL PRACTITIONERS DATA BANK SELF-QUERY REPORT**

If you are applying for a Hawaii LPN, RN license or APRN and are currently licensed or was licensed as an LPN, RN or APRN under the laws of another state, territory, or foreign country, you will be required to submit a 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 PDF original report to the Board of Nursing.

The NPDB self-query report is available for download. The Board of Nursing will accept either the ORIGINAL hard copy that is mailed to you from the NPDB or the ORIGINAL PDF emailed report. You will need to attach the PDF file in the email. Please forward the downloaded PDF report to nursing@dcca.hawaii.gov. Copies or "pictures" of the NPDB self-query report is not acceptable and we do not open secured files or links.

ADVANCE PRACTICE REGISTERED NURSE (APRN)

Session Laws of Hawaii 2009, Act 169 amended Chapter 457, Hawaii Revised Statutes, as follows:

Effective October 1, 2009, new requirements related to the advanced practice registered nurse (APRN) license.

a) New Initial APRN License Requirements

If you have never been licensed as an APRN/APN in this State prior to October 1, 2009, you must have all of the following:

- (1) A current, unencumbered license as a registered nurse (RN) in this Hawaii;
- (2) An unencumbered RN license in all other states in which the nurse has a current and active license;
- (3) An unencumbered license as an APRN in all other states in which the nurse has a current and active recognition as an APRN;
- (4) Completed an accredited graduate-level education program leading to a certified registered nurse anesthetist, a nurse midwife, a clinical nurse specialist, or a nurse practitioner;
- (5) A current, unencumbered certification to verify passage of a national certification exam by a national certifying body recognized by the Board; and
- (6) Paid the appropriate fees.

*Acquired advanced clinical knowledge and skills preparing the nurse to provide **direct care to patients** through a significant educational and practical concentration on the direct care of patients. Does NOT include Clinical Systems Management (Nursing administration) or Nursing education.

b) APRNs Licensed Prior to October 1, 2009 in other states

Any person licensed by other state boards as an APRN or similar designation prior to October 1, 2009, whose license was granted based on a master's degree in nursing **or** a current certification for specialized and advanced nursing practice from a national certifying body recognized by the Hawaii Board of Nursing shall be eligible to be licensed as an APRN in this State. When you apply for an APRN license, you are to provide proof that all nurse licenses and prescriptive authorities or similar designations held by you in any state or U.S. jurisdiction are unencumbered.

c) Hawaii APRNs Licensed Prior to October 1, 2009

Those who are already licensed in this State as APRNs will not need to meet the new October 1, 2009 requirements.

(CONTINUED ON PAGE 2)

APRN Prescriptive Authority

When you apply for the APRN license, if you wish to apply for prescriptive authority, a privilege under your APRN license, you must meet the following requirements:

- Have a current, unencumbered Hawaii RN license;
- Have (or applying for) a Hawaii APRN license;
- Have a graduate-level degree in clinical nursing or nursing science;
- Have a national certification of nursing practice specialty; and
- Have successfully completed one of the following within the three-year time period immediately preceding the date of application:
 - ☐ At least 30 contact hours*, as part of a graduate-level degree in clinical nursing or nursing science program from an accredited college/university, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum; *OR*
 - ☐ At least 30 contact hours* of advanced pharmacology, including advanced pharmacotherapeutics, from an accredited college/university; *OR*
 - ☐ At least 30 contact hours* of continuing education from a Hawaii Board of Nursing approved recognized certifying body, in advanced pharmacology, including advanced pharmacotherapeutics related to your practice specialty.

Prescriptive authority allows an APRN to prescribe both controlled and non-controlled substances. If you wish to prescribe controlled substances, it is your responsibility to comply with any other State and federal requirements, including but not limited to registration with the Hawaii Department of Public Safety, Narcotics Enforcement Division and the Drug Enforcement Agency, after you have met the Board of Nursing requirements for prescriptive authority.

REQUIREMENTS FOR LICENSE - ADVANCED PRACTICE REGISTERED NURSES

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

INSTRUCTIONS FOR FILING

APPLICATION FORM

1. Complete on-line fillable form or print **legibly** in dark ink.
2. Answer **all questions**. If not applicable, write N/A.
3. Sign application.

- **Failure to provide all the requested information will delay the processing of your application.**

BOARD'S ADDRESS

Mailing address:

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

OR

Deliver to office location:

Hawaii Board of Nursing
335 Merchant St., Rm 301
Honolulu, HI 96813
Phone: (808) 586-3000

FEES

Make check payable to: *COMMERCE AND CONSUMER AFFAIRS*. (check must be in U.S. dollars and be from a U.S. financial institution.)

If license will be issued between JULY 1, ODD-NUMBERED years (2023, 2025) and JUNE 30, EVEN-NUMBERED years (2024, 2026), pay \$194
(Application-\$40**, License-\$36, Compliance Resolution Fund-\$100***, 1/2 renewal-\$18)

*If license will be issued between JULY 1, EVEN-NUMBERED years (2024, 2026) and JUNE 30, ODD-NUMBERED years (2025, 2027), pay \$126
(Application-\$40**, License-\$36, Compliance Resolution Fund-\$50***)

- If you are eligible for a license near the end of the second year of a two-year license period (within 3 months), you may elect to delay the issuance of your license until July 1, odd-numbered year, **provided you do not intend to start practicing your trade or profession until the next license period.**

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.

* ***If you select this option, your license will be subject to renewal by June 30, odd-numbered year, REGARDLESS of issue date.***

** *Application fee is not refundable.*

*** *The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m), HRS, to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs. Assessment is due for the issuance of a new license as well as for the renewal of a license.*

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APRN LICENSE REQUIREMENTS

REGISTERED NURSES WHO HOLD A CURRENT, UNENCUMBERED LICENSE IN THE STATE OF HAWAII, may apply for APRN License by submitting the following:

- *1. An official transcript of an accredited graduate-level nursing program must be sent **DIRECTLY** to the Board from your nursing school;
- *2. Verification of current certification in the nursing specialty sent **DIRECTLY** to the Board from the national certifying body recognized by the Hawaii Board of Nursing or approved by the American Board of Nursing Specialties (www.nursingcertification.org/categories_regular.html). Please contact your organization and have them send verification of your current status. See list of recognized certifying bodies on attached application; **AND**
3. Verification of unencumbered license as a registered nurse **and** as an APRN or similar designation in all states in which you are **CURRENTLY** licensed. Use form (NSG-28), if applicable. This form may be duplicated.

NOTE: If you are applying for initial license **AND** your Hawaii Registered Nurse license at the same time, be advised that each application has its own application and license fees and supporting documents.

*Advanced graduate-level nursing preparation that focus on direct care to individuals which require regulatory license are nurse practitioners, clinical nurse specialists, certified nurse anesthetists, and certified nurse midwives. Other advanced graduate-level nursing preparation that do not focus on direct care to individuals (e.g. informatics, public health, education, or clinical systems management/administration) are not recognized.

ADDITIONAL SPECIALTIES

Once you are licensed as an Advanced Practice Registered Nurse (APRN) and wish to add another specialty, you will need to complete this application. No additional fee is required. An official transcript of the graduate-level degree in nursing **AND** verification of current certification in the nursing specialty must be sent **DIRECTLY** to the Board. You will not be required to submit verification of an unencumbered license again, unless changes have occurred since your last application. Your request is subject to Board ratification/approval.

PRESCRIPTIVE AUTHORITY REQUIREMENTS

1. Graduate-level degree transcript: Arrange with your school to have your official transcript of a graduate-level degree in clinical nursing or nursing science sent directly to the Department of Commerce & Consumer Affairs ("DCCA").
2. Certification of nursing practice specialty: Arrange with the Board recognized national certifying body to have proof of your current certification sent directly to DCCA.
3. Proof of education in advanced pharmacology, including advanced pharmacotherapeutics: Arrange with your educational institution or continuing education course provider to provide verification of the item you checked in question 3 of your application form. Refer to rules for continuing education requirements.

To facilitate the review of your application, and to receive proper credit for your coursework, attach course descriptions from your college/university catalog or continuing education course provider. The applicant has the burden of proving he/she meets license requirements.

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**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 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).

**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.

**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.

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**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.

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.

**NOTIFICATION OF
DISCIPLINARY
ACTION**

Once licensed, the APRN is responsible for notifying the Hawaii Board of Nursing of any disciplinary action taken against any nursing or APRN license in any other state or U.S. jurisdiction within 30 days of the action. Failure to do so may result in action against the nurse's Hawaii APRN and nurse's license.

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STATE LAWS AND RULES

All applicants/licensees 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. Copies are available by submitting a written request to the Board.

- a. Chapter 457, Hawaii Revised Statutes, Nurses.
- b. Chapter 89, Hawaii Administrative Rules, Nurses.
- c. Chapter 436B, Hawaii Revised Statutes, Professional & Vocational Licensing Act.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Nursing". Then click on "Statute/Rule Chapter".

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. All address changes must be submitted **in writing**. No changes will be accepted over the phone. The Board will not be responsible for non-receipt of any correspondence.

LICENSE RENEWALS

All nursing and APRN licenses, **regardless of issue date**, expire on June 30 of each odd-numbered years (2017, 2019) and are subject to renewal. Your Registered Nurse license and APRN license both require a separate renewal form and fees. An APRN license cannot be renewed unless the RN license is renewed.

- a) APRNs who were licensed initially by their graduate-level nursing degree shall submit:
 - 1) Renewal application; and
 - 2) Fees.
- b) APRNs who were licensed initially by national certification only shall submit:
 - 1) Renewal application;
 - 2) Fees; and
 - 3) Proof of current certification.
- c) If you are an APRN with prescriptive authority, you are subject to the following additional renewal requirements and shall submit:
 - 1) Renewal of RN and APRN licenses;
 - 2) Proof of your current national certification in your practice specialty; and
 - 3) Proof of completion of at least 30 hours of continuing education of which at least 8 hours shall be in pharmacology.

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.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure 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.

APPLICATION FOR APRN LICENSE

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

Read the requirements and instructions before completing this form.

Check one: ☐ APRN only ☐ APRN with prescriptive authority

- 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) - **REQUIRED**

Mailing Address (**ONLY** if different from above) _____ Social Security Number: _____
Date of Birth: _____

PERSONAL E-Mail Address: _____ Hawaii RN Lic # RN - _____
Phone No. (Days): _____ If none, date applied: _____

OFFICE USE ONLY

Approved: <input type="checkbox"/>		Initials/date: _____	
<input type="checkbox"/> Master's Degree transcript		<input type="checkbox"/> National Certification	
Date Eff. _____		Lic. No. APRN - _____	
RN - _____		Specialty Code: _____	
Exp date: 6/30/ _____			
CBC: <input type="checkbox"/>		EO: <input type="checkbox"/>	

Check one: <input type="checkbox"/> Initial APRN License (Never Licensed Before) APRN License (Licensed APRN prior to 10-01-2009 in state(s) of: _____) <input type="checkbox"/> Additional specialty APRN No. _____	List all states which you are CURRENTLY licensed as a RN : _____ _____ (Contact each state to have verification sent to Board)	Please check and indicate date requested: <input type="checkbox"/> via Graduate-level degree in nursing. • date requested transcripts: _____ <input type="checkbox"/> via National Certification. • date requested certification: _____ (Initial license must submit BOTH graduate-level degree in nursing transcript <u>and</u> national certification.)
	List all states which you are CURRENTLY licensed as an APRN : _____ _____ (Contact each state to have verification sent to Board)	

EDUCATION	Name and Location (city/state)	From (mo/yr)	To (mo/yr)	Degree Earned
	APRN SPECIALTY PROGRAM			
	Nursing School where you received highest degree			

Indicate APRN specialty (as stated on your national certification), e.g. Family Nurse Practitioner, Nurse Anesthetist, Certified Nurse Midwife, etc.:

(CONTINUED ON PAGE 2)

APPLICATION FOR APRN LICENSE

Print Name of Applicant: _____

Date: _____

Are you currently certified by a National Certifying Organization? (check one) ☐ Yes ☐ No

☐ American Nurses Credentialing Center

☐ American Association of Nurse Anesthetists

☐ National Certification Board of Pediatric Nurse: Practitioners/Nurse

☐ American Academy of Nurse Practitioners

☐ National Certification Corporation for Obstetric, Gynecologic & Neonatal Nursing Specialties

☐ Council on Certification of Nurse Anesthetists

☐ American College of Nurse-Midwives

☐ Oncology Nursing Certification Corporation

☐ National Association of Pediatric Nurse Associates & Practitioners

Which one of the following have you successfully completed **within the three-year period** immediately preceding this application AND have you enclosed verification of such successful completion from your educational institution or national certifying body?

☐ At least 30 contact hours*, as part of a graduate-level degree in clinical nursing or nursing science program from an accredited college/university, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum; or

☐ At least 30 contact hours* of advanced pharmacology, including advanced pharmacotherapeutics, from an accredited college/university; or

☐ At least 30 contact hours* of continuing education from a Hawaii Board of Nursing approved recognized certifying body, in advanced pharmacology, including advanced pharmacotherapeutics related to your practice specialty.

*Contact hours means a minimum of fifty minutes of actual organized instruction. Academic credit shall be converted to contact hours as (1) one quarter academic credit = 10 contact hours, or (2) one semester academic credit = 15 contact hours.

ALL APPLICANTS	Check answers. If "YES" to question(s) 3, 4 and/or 5, attach a signed statement explaining the circumstances.	
	1) Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "YES", arrange to have certified court documentation on the date, place, violation for each conviction and fulfillment of conditions of each sentence sent directly to the Board.	
	4) Has any license ever been revoked, suspended, or otherwise subject to disciplinary action by another state board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "YES", arrange to have certified documents from <u>each</u> state in which disciplinary action was taken 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.)	
	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.	
	NOTE: All applications may be subject to Board review. Additional information may be requested for the purpose of clarification.	
	6) Do you hold or have you ever held an APRN Recognition/license in Hawaii or in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "YES", provide state(s): _____ License #: _____ Expiration date: _____	

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APPLICATION FOR APRN LICENSE

Print Name of Applicant: _____

Date: _____

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 any misrepresentation is grounds for refusal to grant 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 and 436B.

Signature of Applicant

Date

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.

VERIFICATION OF RN/APRN LICENSE - (Applicant Applying for APRN License)

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

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

APPLICANT	APPLICANT: Complete top of this page and forward to state of license. (NOT HAWAII) Contact your state board for any fees associated with processing your verification. NURSYS will not verify your APRN license, so you must send this form to each state to verify each APRN license.			
	Name (First, Middle)		(Last)	Other Names Used (Include Maiden Name)
	Address (Include Apt. No., City, State and Zip Code)			Social Security No.
				Phone No.
	License Number	Date Issued	PERSONAL E-Mail Address:	Type of Registration: <input type="radio"/> Registered Nurse <input type="radio"/> Advanced Practice Registered Nurse
I hereby authorize the nursing licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.				
SIGN HERE: _____ DATE: _____				

LICENSING AGENCY ONLY	This is to certify that the above-named individual was issued the following:	
	<input type="checkbox"/> REGISTERED NURSE LICENSE (complete only if active license is maintained) Date of Issuance: _____	
	Licensed by: <input type="checkbox"/> examination <input type="checkbox"/> endorsement <input type="checkbox"/> waiver Current license status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed Has this license ever been encumbered in any way (revoked, suspended, limited, placed on probation)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "YES", please submit certified documents relating to disciplinary action of this license including Findings of Fact, Conclusions of Law, Recommended Order, Final Order, and whether license has been restored, reinstated, or new license issued). Date license expires: _____	
	<input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE (complete only if active license is maintained) Date of Issuance: _____	
	Licensed by: <input type="checkbox"/> Graduate-level degree <input type="checkbox"/> National Certification <input type="checkbox"/> Other: _____ Has this license ever been encumbered in any way (revoked, suspended, limited, placed on probation)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "YES", please submit certified documents relating to disciplinary action of this license including Findings of Fact, Conclusions of Law, Recommended Order, Final Order, and whether license has been restored, reinstated, or new license issued). Date license expires: _____	
SEAL		Signature: _____
		Title: _____
		State: _____
		Date: _____
TO THE LICENSING AGENCY: Return this form directly to the Hawaii Board of Nursing. DUPLICATE AS NEEDED		