

# 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 endorsement, 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 – Endorsement 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 Submitting an outdated application will delay processing.

- **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 be able to retrieve your report and you will have to go back to get fingerprinted and pay another fee.</li></ul>

**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.**

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

If you are applying for a Hawaii LPN or RN license and are licensed as an LPN or RN 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](http://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 PDF report to [nursing@dcca.hawaii.gov](mailto: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.

# REQUIREMENTS FOR LICENSE - NURSE (ENDORSEMENT OR WITHOUT EXAM)

Access this form via website at: [cca.hawaii.gov/pvl/boards/nursing](http://cca.hawaii.gov/pvl/boards/nursing)

The Board's mailing address is:

Board of Nursing  
P.O. Box 3469  
Honolulu, HI 96801  
Phone: (808) 586-3000

The Board's street address is:

Board of Nursing  
335 Merchant Street, Room 301  
Honolulu, HI 96813

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

### Licensing Requirements:

**This application is for individuals who meet the following requirements (If you are applying to take the NCLEX exam, DO NOT COMPLETE THIS APPLICATION. Please see application for Nurse License by Exam):**

- **License - Verification of license completed by the originating state board verifying:**
  - i. Nurse license number, effective and expiration dates;
  - ii. Completion of a U.S. accredited nursing program or nursing program approved by the state board as being equivalent to a U.S. accredited nursing education program (See education requirements listed below);
  - iii. Exam score and exam series (See exam requirements below);
  - iv. Whether or not the nurse license has ever been disciplined and if there are any encumbrances on the license; and
  - v. Verification of nurse license held in any other state or U.S. jurisdiction, whether the license is current or expired.
- **Exam - Successfully passed one of the following examinations:**
  - i. The NCLEX (National Council Licensure Examination) in another state or U.S. jurisdiction;
  - ii. The SBTPE (State Board Test Pool Exam) in another state or Canadian province (prior to 1970); or
  - iii. A state board constructed exam prior to the inception of the SBTPE in that jurisdiction.
- **Education - Successfully completed one of the following:**
  - i. U.S. Nursing Programs - Graduate of a state-approved or nationally accredited baccalaureate, the pre-licensure portion of a graduate entry program in nursing, an associate degree or diploma nursing program in the United States or United States jurisdiction; or
  - ii. Foreign Nursing Programs - If your nursing program is not U.S. accredited or approved by another state board, you must have your credentials evaluated by a professional education credentials evaluator recognized by the Board that indicates successful completion of a nursing program that is comparable to an accredited nursing program in the United States.
- **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.

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- **Criminal History Record Check Federal Bureau Of Investigation ("FBI") Report (cont'd) -**

**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.

### **Filing Instructions:**

**Please read the requirements and instructions before completing the application. Incomplete applications will delay processing time which is normally 15-20 working days.**

- **Complete on-line fillable form or print legibly in black ink.**
- **Answer all questions. If not applicable, indicate "N/A".**
- **Sign and date application.**
- **Social Security Number - Please indicate your 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 that 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).

- **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.

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• **Documentation Requirements for "YES" Answers to Questions (3), (4) OR (5) (cont'd) -**

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.

• **Fees -**

**ATTACH** a personal check, money order, or cashier's check for the appropriate amount made payable to: **COMMERCE & 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, 2027) and JUNE 30, EVEN-NUMBERED years (2024, 2026, 2028), pay ..... \$254.00  
 (Application\*\* - \$40, License - \$36, Compliance Resolution Fund\*\*\* - \$100, 1/2 Renewal - \$18, Center for Nurse Fee\*\*\*\* - \$60)

\*If license will be issued between JULY 1, EVEN-NUMBERED years (2024, 2026, 2028) and JUNE 30, ODD-NUMBERED years (2025, 2027, 2029), pay ..... \$186.00  
 (Application\*\* - \$40, License - \$36, Compliance Resolution Fund\*\*\* - \$50, Center for Nurse Fee\*\*\*\* - \$60)

\* **SUBJECT TO RENEWAL BY JUNE 30, ODD-NUMBERED YEARS (2025, 2027, 2029), REGARDLESS OF ISSUE DATE. PLEASE READ DETAILED INFORMATION UNDER LICENSE RENEWALS.**

\*\* Application fee is not refundable.

\*\*\* The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs. Assessment amounts are based on the services rendered in resolving complaints. Assessment is due for the issuance of a new license as well as for the renewal of a license.

\*\*\*\* 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.

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- **Fees (cont'd) -**

**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 license has been denied.*

- **Verification(s) of license from other states or jurisdictions -**

Verification of your exam scores, educational credentials and out-of-state licensure must be completed. Send your request to the state/territory board of nursing of **ORIGINAL LICENSURE BY EXAMINATION** with the appropriate service fee that the originating board requires. Please verify with the respective state board for fee information.

- PROVIDE DATE YOU REQUESTED A LICENSE VERIFICATION FROM YOUR ORIGINAL STATE (See application).
- If your state uses NURSYS to verify their licenses, you must contact the National Council via their website at: [www.nursys.com](http://www.nursys.com), and request a verification of your license.
- License verifications are valid for one year only. If no Hawaii nurse application is received within that 1 year, a new verification of license will be required.

- **State Nursing Laws and Rules -**

All applicants/licensees are responsible for reading, being knowledgeable and maintaining current knowledge of the Hawaii Revised Statutes (laws) Chapter 457 and Administrative Rules Title 16, Chapter 89 relating to nursing and any amendments adopted throughout the years. In addition, applicants/licensees shall be responsible for reading, being knowledgeable and maintaining current knowledge of Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act.

**These laws and rules are posted on the Board's website at: [cca.hawaii.gov/pvl/boards/nursing](http://cca.hawaii.gov/pvl/boards/nursing). Under "Nursing Spotlight", click on "Statute/Rule Chapter".**

- **Release of information to third party -**

If an agency or individual is assisting you with the licensure process, you must complete the authorization portion "**Release of Information to Third Party**", sign and date it. If you do not complete this portion, we will not be able to release or discuss any information pertaining to your pending application.

- **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.

- **Address and Name changes -**

It is the responsibility of the applicant/licensee to notify this office 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, i.e. marriage license, along with a letter requesting the change. If you have a name change after you are licensed, you may also submit \$10 with the name change document and request, for a duplicate pocket card to be issued under your new name. **Address changes** must also be submitted in writing. No changes will be taken over the phone. Notification by email is acceptable provided the appropriate documents are included.

- **Temporary permit -**

To obtain a temporary permit, you must complete the application and submit the following in order for us to process your temporary permit in a timely manner:

- i. Pay the separate fee of \$50 for the temporary permit.
- ii. The attached application for license (without exam)
- iii. A verification of a current **U.S.** nursing license indicating the expiration date of license.
- iv. A completed **original** "*Verification of Employment*" form (NSG-05) which must first be signed by your **employer in Hawaii**. Letters of hire will not be accepted.
- v. Proof of mailing the "*Verification of License*" form (NSG-03) **OR** NURSISYS verification (receipt of certified mail, copy of the cancelled check for the verification fee).

**Only ONE temporary permit is allowed. Permittee is allowed to practice nursing only if employed by employer indicated on the "*Verification of Employment*" form (NSG-04). Once permit is issued, no other will be reissued in care of another employer. *PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD.***

- **Renewal requirements -**

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 notification to licensees upon request only or pick one up at: 335 Merchant Street, Room 301, in Honolulu, Hawaii. **EACH LICENSEE IS ULTIMATELY RESPONSIBLE FOR THE RENEWAL OF HIS HER NURSING LICENSE.** However, the Board must be informed in a timely manner of any address changes in writing. 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.** Online renewal of a nurse license is available to licensees who have not had any disciplinary action pending or taken or have not had a conviction during the two years prior to the renewal date.

- 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 nursing until the next license period.**

**For more information on initial and renewal license requirements, inactive/reactivation requirements, etc., go to the Board of Nursing's web page at: [cca.hawaii.gov/pvl/boards/nursing](http://cca.hawaii.gov/pvl/boards/nursing). Look under "Nursing Spotlight" and click on "FAQ's".**

### **Continuing Competency:**

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 at: [cca.hawaii.gov/pvl/boards/nursing](http://cca.hawaii.gov/pvl/boards/nursing).

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 (ENDORSEMENT OR WITHOUT EXAM) - NURSE

Read the Instructions before completing this form.  
Access this form via our website at: [cca.hawaii.gov/pvl/boards/nursing](http://cca.hawaii.gov/pvl/boards/nursing)

Check type of LICENSE applying for:  REGISTERED NURSE  PRACTICAL NURSE

• 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): \_\_\_\_\_

U.S. Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Phone No. (Daytime): \_\_\_\_\_

Approved: <input type="checkbox"/> Initials/Date: _____	
Lic. No. _____	Effective Date: _____
CBC: <input type="checkbox"/>	EO: <input type="checkbox"/>
<b>BOARD USE ONLY</b>	
Temp. No. _____	Effective Date: _____

You may attach additional sheet as needed.

OTHER STATE LICENSES	Name of State	Type of License	License No.	Method of Licensure	Provide date "Verification of License" was requested
ORIGINAL U.S. State		<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> NCLEX <input type="checkbox"/> SBTPE <input type="checkbox"/> State Exam <input type="checkbox"/> Waiver of Exam	
Other State		<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> NCLEX <input type="checkbox"/> SBTPE <input type="checkbox"/> State Exam <input type="checkbox"/> Waiver of Exam	
Other State		<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> NCLEX <input type="checkbox"/> SBTPE <input type="checkbox"/> State Exam <input type="checkbox"/> Waiver of Exam	

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

- Are you at least 18 years of age? .....  Yes  No
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  Yes  No
- Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  Yes  No  
**If "YES", you are required by law to 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.**
- 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", you are required by law to arrange to have certified documents from each 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.)**

(CONTINUED ON PAGE 2)

App .....	433 .....	\$40
Lic. ....	436 .....	\$36
Center for Nurse. ....	CFN .....	\$60
CRF. ....	439 .....	\$50/\$100
1/2 Ren. ....	430 .....	\$18
Service Charge. ....	BCF .....	\$25

Print Name of Nurse: \_\_\_\_\_

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

5. Are you presently being investigated or is any disciplinary action pending against you? .....  Yes  No  
**If "YES", specify all states where action was or may be imposed. You are required to 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: PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN ANNULLED OR EXPUNGED, MUST BE REVIEWED BY THE BOARD. Failure to provide the requested information above will delay the processing of your application.**

6. Have you ever held this type of nursing license in Hawaii? .....  Yes  No

a) If "YES", are you re-applying for a license? .....  Yes  No

Provide your license number: \_\_\_\_\_ and date license was issued: \_\_\_\_\_

b) Have you actively practiced nursing in Hawaii or any other State in the U.S. or U.S. territory **within the past 5 years?** .....  Yes  No

If "YES", provide a copy of license. If "NO", you may be required to submit proof of continued competency by retaking and passing the NCLEX or complete continuing education recognized by the Board.

EDUCATION	Name and Location (city/state)	Degree Earned	Dates (mo/yr)	
			From	To
Nursing School				
Advanced Training				

**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 436B and Hawaii Administrative Rules, Chapter 89.

I hereby certify that I will authorize the Board of Nursing to provide my email to the Hawaii 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

Print Name of Nurse: \_\_\_\_\_

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

**Release of Information to Third Party:**

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

Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# VERIFICATION OF LICENSE - NURSE

**APPLICANT: Complete Applicant section and mail to all state boards of nursing where you hold or ever held a license** (including where you took the licensing examination). **CONTACT THAT BOARD OF NURSING FOR THEIR PROCEDURES AND FEES.** If the state is a member of the NURSYS System, you will need to contact them toll free at (866) 819-1700 to request a license verification form or you may download the form from their website at: [www.nursys.com](http://www.nursys.com)

APPLICANT	Legal Name (First, Middle)		(Last)	Other Names Used (Include maiden name)	
	Address (Include Apt. No., City, State and Zip Code)		Social Security No.		Personal Email Address
			Date of Birth		Phone No.
	LICENSE NUMBER	DATE ISSUED:	Type of Registration:		
				<input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> PRACTICAL NURSE	
<b>I hereby authorize the nursing licensing agency in the State of _____ to furnish to the Department of Commerce &amp; Consumer Affairs, State of Hawaii, the information below.</b>					
SIGN HERE: _____			Date: _____		

LICENSING AGENCY ONLY	This is to certify that the above-named individual was issued license number: _____						
	Social Security Number: _____						
	to practice:		<input type="checkbox"/> Registered Nursing		Date of Issuance: _____		
			<input type="checkbox"/> Practical Nursing				
	licensed by:		<input type="checkbox"/> Examination		Current license status:		
			<input type="checkbox"/> Endorsement		<input type="checkbox"/> Active		
			<input type="checkbox"/> Waiver		<input type="checkbox"/> Inactive		
					<input type="checkbox"/> Lapsed		
	Date license expires: _____						
	Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>If "YES", please send a copy of your board's:</b>							
<b>1) Administrative Action</b>							
<b>2) Final Order</b>							
<b>EXAMINATION INFORMATION</b>	<b>REGISTERED NURSE (NCLEX)</b>	<b>REGISTERED NURSE (S.B.T.P.E.)</b>					<b>PRACTICAL NURSE (NCLEX or SBTPE)</b>
		<b>Medical Nursing</b>	<b>Psychiatric Nursing</b>	<b>Obstetric Nursing</b>	<b>Surgical Nursing</b>	<b>Nursing of Children</b>	
Standard Scores							
Series/Form No.							
Number of times applicant wrote the examination?							
Name of U.S. Accredited Nursing Education Program Completed (or non-U.S. Accredited Nursing Education Program approved/recognized by this State Board as equivalent to U.S. Accredited Nursing Education Program.)							
Location (City and State)						Year of Graduation:	
<i>SEAL</i>				Signature: _____			
				Title: _____			
				State: _____ Date: _____			

**TO THE BOARD: Return this form directly to: Hawaii Board of Nursing  
P.O. Box 3469  
Honolulu, HI 96801**

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