



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**RN REPEAT EXAMINATION APPLICATION**

**STATE BOARD OF NURSING**  
P.O. Box 656  
Jefferson City, MO 65102-0656  
(573) 751-0681  
Text Telephone (TT) 1-800-735-2966 (Hearing Impaired)  
Website: <http://pr.mo.gov>  
Email: [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

**EXPRESS MAIL ADDRESS**  
3605 MISSOURI BLVD  
JEFFERSON CITY MO 65109

**FOR STATE BOARD USE ONLY**

|  |                    |                 |
|--|--------------------|-----------------|
| LICENSE NUMBER   | PRE-LICENSE NUMBER | MEMO            |
| CASE NO.   | APPROVED           | LAWFUL PRESENCE |
| NURSYS   | BACKGROUND CHECK   | DEEMED ELIGIBLE |
| <input type="checkbox"/> CHECK<br><input type="checkbox"/> CASH<br><input type="checkbox"/> M.O. | DEPOSIT DATE       |                 |

Place a checkmark in the shaded area below for changes/notes on application. See note section for clarification.

**INSTRUCTIONS**  
Complete the information on the front & back of this form, sign and return along **with a \$40.00 fee** (fee is non-refundable).  
Application fee is non-refundable. Application is retired and void if requirements for licensure are not met within one year from the date that the application was signed and a new application and fee will need to be submitted to be considered for licensure.

**APPLICANT INFORMATION**

|  |   |          |
|--|---|----------|
| NAME (LAST, FIRST, MIDDLE)   |   |          |
| PREVIOUS OR OTHER NAMES  |   |          |
| PRIMARY RESIDENCE (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE) - PHYSICAL ADDRESS REQUIRED, <b>PO BOXES ARE NOT ACCEPTABLE</b> |   |          |
| CITY   | STATE   | ZIP CODE |
| MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE)  |   |          |
| CITY   | STATE   | ZIP CODE |
| SOCIAL SECURITY NUMBER (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY)  | DATE OF BIRTH<br>MONTH                      DAY                      YEAR |          |
| TELEPHONE NUMBER - PERSONAL  | TELEPHONE NUMBER (WORK)   |          |
| PERSONAL E-MAIL ADDRESS - REQUIRED ( <b>PLEASE PRINT</b> )   | MOTHER'S MAIDEN LAST NAME   |          |
| SCHOOL OF NURSING  | DATE OF GRADUATION  |          |
| DATE(S) OF ALL PREVIOUS NCLEX-RN EXAMINATION(S) TAKEN  |   |          |

Have you or an immediate family member ever served in the U.S. Armed Forces?  YES  NO

If **YES**, would you like information about military-related services in Missouri?  YES  NO

**\*Primary Residence** means the State of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence; driver's license, voter registration card, federal income tax return.

I declare Missouri as my primary state of residence and provided my Missouri primary residence address.  
 I am planning to move to Missouri to establish primary residence and will provide the Board of Nursing with my Missouri address as soon as my Missouri primary residence has been established.  
 My primary state of residence is another compact state; however, I do not qualify for a multistate license in my primary state of residence so I am requesting a Missouri single state license.  
 My primary state of residence is a non-compact state and I do not plan to move to Missouri. I am requesting a Missouri single state license.  
 I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

| <b>SCREENING QUESTIONS</b>   |  |
|--|--|
| <b>ABSOLUTE AND COMPLETE CANDOR IS REQUIRED. IF YOU ARE IN DOUBT WHETHER OR NOT TO REPORT, YOU SHOULD REPORT IT.</b>   |  |
| 1.   | <p>Have you ever been denied a professional license, multistate license, certification, registration or permit? <b>If yes, explain fully in a separate signed and dated statement to include the type of license, certification, registration or permit that was denied; the reason for denial and the name and address of the licensing agency.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |
| 2.   | <p>Have you ever had any privilege to practice, professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? <b>If yes, explain fully in a separate signed and dated statement to include the date the action was taken; the type of license, certification, registration or permit; an explanation of the charges leading to the action and the name and address of the licensing agency.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |
| 3.   | <p>Are you currently a participant in a state board/designee monitoring program, including alternative to discipline, diversion or a peer assistance program, in any state other than Missouri? <b>If yes, explain fully in a separate signed and dated statement to include the state, dates and reason for participation.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>   |
| 4.   | <p>Are you presently being investigated or is any action pending against any professional license, certification, registration, or permit you hold? <b>If yes, explain fully in a separate signed and dated statement to include dates, status, an explanation of the allegations and the name and address of the licensing agency.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>   |
| 5.   | <p>Have you ever voluntarily surrendered or relinquished any professional license, certification, registration, or permit during or following an investigation? (This does not include failing to renew your license or allowing it to lapse for non-disciplinary reasons.) <b>If yes, explain fully in a separate signed and dated statement to include date, an explanation of the allegations and the name and address of the licensing agency.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |
| 6.   | <p>Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed, excluding traffic violations? (This includes any crime where the disposition was suspended imposition of sentence (SIS), or a suspended execution of sentence (SES) or if you pled guilty but were placed in an alternative or diversion court including drug or DWI court.) <b>If yes, explain fully in a separate signed and dated statement to include the location and date of the offense, the sentence by the court, and your explanation of the events that led to the crime. This is your opportunity to explain the situation to the Board. Court documents, which you need to provide, would consist of Information, Complaint or Indictment Sheet, the Judgment, Docket Sheet or other documents showing disposition of your case. This can also be referred to as the Order of Probation. The court MUST CERTIFY these court documents.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>   |
| 7.   | <p>Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (This includes a disposition of a suspended imposition of sentence (SIS), suspended execution of sentence (SES) or placement in a post plea alternative or diversion court and includes municipal charges of driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content.) <b>If yes, explain fully in a separate signed and dated statement to include the location and date of the offense, the sentence by the court, and your explanation of the events that led to the crime. This is your opportunity to explain the situation to the Board. Court documents, which you need to provide, would consist of Information, Complaint or Indictment Sheet, the Judgment, Docket Sheet or other documents showing disposition of your case. This can also be referred to as the Order of Probation. The court MUST CERTIFY these court documents.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| 8.   | <p>Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception, or malpractice related to healthcare practice? <b>If yes, explain fully in a separate signed and dated statement to include the date the judgment was rendered, an explanation of why the judgment was rendered and who rendered the judgment.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>   |
| 9.   | <p>Do you have any condition or impairment, including a history of alcohol or substance use disorder, that is not being treated and currently interferes with your ability to practice in a competent and professional manner? <b>If yes, explain fully in a separate signed and dated statement to include a description of the condition or impairment and how it interferes with your ability to practice.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>   |
| 10.  | <p>Are you listed on any state or federal sexual offender registry? <b>If yes, explain fully in a separate signed and dated statement to include the date, reason for the placement and the name of the offender list and provide evidence of registration.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>   |
| 11.  | <p>Have you ever been placed on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by state or federal government or agency? <b>If yes, explain fully in a separate signed and dated statement to include the date you were placed on the list, how long your name is on the list and the name and address of the agency and provide evidence of placement, restriction or finding.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>   |
| <p>Pursuant to Section 324.010 RSMo:</p> <p><input type="checkbox"/> <b>CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.</b></p> <p style="text-align: center;"><i>False statements are subject to criminal penalties and/or license discipline.</i></p> <p style="text-align: center;"><b>If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail <a href="mailto:tcsincome@dor.mo.gov">tcsincome@dor.mo.gov</a>.</b></p> |  |

**ATTESTATION**

I AM AWARE THAT ALL DOCUMENTS NEEDED FOR LICENSURE BY EXAMINATION MUST BE RECEIVED IN THE BOARD OFFICE BEFORE MY ORIGINAL LICENSE MAY BE ISSUED. I HEREBY AUTHORIZE THE BOARD TO RELEASE ANY OF THE DOCUMENTS NEEDED FOR LICENSURE TO ANY THIRD-PARTY TO THE EXTENT NECESSARY TO VERIFY MY ELIGIBILITY FOR LICENSURE IN THE STATE OF MISSOURI. I AM ALSO AWARE IT IS MY OBLIGATION, PURSUANT TO BOARD REGULATIONS, TO KEEP THE BOARD INFORMED OF MY CURRENT NAME AND ADDRESS.

I HEREBY ATTEST AND AFFIRM THAT THE INFORMATION CONTAINED IN, OR REFERENCED BY, THIS APPLICATION IS TRUE, CORRECT, COMPLETE AND ACCURATE AND IS NOT FALSE OR MISLEADING. I UNDERSTAND THAT IF THIS INFORMATION IS NOT TRUE AND CORRECT, I AM SUBJECT TO THE PENALTIES OF FILING FALSE DOCUMENTS. SECTION 570.095, RSMO, FILING FALSE DOCUMENTS IS A CLASS D FELONY, UNLESS THE ENHANCED PENALTY PROVISIONS ARE APPLICABLE, IN WHICH CASE FILING FALSE DOCUMENTS IS A CLASS C FELONY.

SIGNATURE OF APPLICANT

DATE

**FOR OFFICE USE ONLY – NOTES**