STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR LICENSE AS A REGISTERED PROFESSIONAL NURSE BY EXAMINATION

MAILING ADDRESS:
STATE BOARD OF NURSING
PO BOX 656
JEFFERSON CITY MO 65102-0656
(573) 751-0681
Email: nursing@pr.mo.gov
Website: http://pr.mo.gov/nursing.asp

EXPRESS MAIL ADDRESS
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

FOR OFFICE USE ONLY

LICENSE NUMBER	LICENSE DATE	PRELICENSE NUMBER	EDUCATION APPROVED

CASE NUMBER	APPROVED	LAWFUL PRESENCE

NURSYS	BG CHECK	TRANSCRIPT	DEEMED ELIGIBLE

MEMO

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

PROFILE INFORMATION

FULL NAME (LAST) (FIRST) (MIDDLE) (MAIDEN)

PREVIOUS OR OTHER NAME(S)

*PRIMARY RESIDENCE (Where you vote, pay federal taxes, obtain a driver's license) – PHYSICAL ADDRESS REQUIRED, **PO BOXES ARE NOT ACCEPTABLE**

CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE)

CITY STATE ZIP CODE

SOCIAL SECURITY NO. (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY) | TELEPHONE NUMBER - PERSONAL | TELEPHONE NO. - WORK

PERSONAL E-MAIL ADDRESS - REQUIRED **(PRINT)**

DATE OF BIRTH MONTH DAY YEAR | PLACE OF BIRTH (CITY) (STATE) (COUNTY) | MOTHER'S MAIDEN LAST NAME

GENDER
☐ FEMALE ☐ MALE

RACE/ETHNIC GROUP
☐ CAUCASIAN (WHITE) ☐ AFRICAN-AMERICAN ☐ HISPANIC ☐ AMERICAN INDIAN/ALASKAN NATIVE
☐ ASIAN/PACIFIC ISLANDER ☐ OTHER (if other please indicate) _____

NATIONALITY
☐ AMERICAN ☐ FOREIGN (please indicate) _____

LANGUAGE
☐ ENGLISH ☐ FOREIGN (please indicate) _____

CITIZENSHIP
☐ UNITED STATES ☐ FOREIGN (please indicate) _____

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 State of 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.

CITIZENSHIP OR ALIEN STATUS DECLARATION

ARE YOU A CURRENT CITIZEN OF THE UNITED STATES?

☐ Yes

If yes, submit with your application legible copy of your proof of citizenship document from List A. See the "Missouri Statement of Citizenship & Alien Status" in the instructions for List A. Most often submitted is a photocopy of a birth certificate or US passport.

☐ No (If no, go to ALIEN STATUS DECLARATION)

TYPE OF DOCUMENT YOU ARE SUBMITTING (I.E. PASSPORT, BIRTH CERTIFICATE)	EXPIRATION DATE, IF ANY (MM/DD/YYYY)

ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible copy of the front and back of a document from List B. See the "Missouri Statement of Citizenship & Alien Status" in the instructions for List B.

"Qualified Alien" Status

- ☐ a. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ b. An alien who is granted asylum under Section 208 of the INA.
- ☐ c. A refugee admitted to the United States under Section 207 of the INA.
- ☐ d. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ e. An alien whose deportation is being withheld under section 243(h) of the INA.
- ☐ f. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ g. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ h. An alien who has, or whose child or child's parent has been declared a "battered alien" or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ i. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See U.S.C § 1101(a)(15).

Alien paroled into the United States for less than one year (8 U.S.C. § 1621 (a)(3))

- ☐ j. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Person (8 U.S.C. § 1621 (c)(2)(A) and (C))

- ☐ k. A nonimmigrant whose visa for entry is related to employment as a nurse in the United States.
- ☐ l. a work authorized nonimmigrant or an alien lawfully admitted for permanent residence under the INA (8 U.S.C. §1101 et seq.) and for whom the United States has a reciprocal treaty with to pay benefits;
- ☐ m. A foreign national not physically present in the United States.

Otherwise Lawfully Present Section 208.009 RSMo

- ☐ n. A person not described in categories A-M who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.

To establish alien status, submit with your application a legible copy of the documents from List B.

TYPE OF DOCUMENT YOU ARE SUBMITTING (I.E. PASSPORT, BIRTH CERTIFICATE)	EXPIRATION DATE, IF ANY (MM/DD/YYYY)

BASIC PROFESSIONAL NURSING EDUCATION

PROFESSIONAL SCHOOL OF NURSING

ADDRESS (CITY)	(STATE)	NCLEX PROGRAM CODE

TYPE OF PROGRAM

☐ BACCALAUREATE ☐ DIPLOMA ☐ ASSOCIATE DEGREE

☐ OTHER (SPECIFY) ▸

GRADUATION DATE

APPLICATION HISTORY - LIST ANY STATES/TERRITORIES/COUNTRIES WHERE YOU APPLIED FOR A NURSING LICENSE BUT A LICENSE WAS NOT ISSUED. ATTACH ADDITIONAL PAGE(S) IF NECESSARY.

NAME OF STATE/TERRITORY/COUNTRY	TYPE OF LICENSE	REASON NEVER LICENSED	
	☐ RN ☐ LPN ☐ APRN	☐ Failed Exam ☐ Denied a License ☐ Did not meet licensure requirements ☐ Restriction was going to be placed on license	☐ Required to participate in an alternative program ☐ Withdrew Application ☐ Changed plans - let application expire ☐ Other:
	☐ RN ☐ LPN ☐ APRN	☐ Failed Exam ☐ Denied a License ☐ Did not meet licensure requirements ☐ Restriction was going to be placed on license	☐ Required to participate in an alternative program ☐ Withdrew Application ☐ Changed plans - let application expire ☐ Other:
	☐ RN ☐ LPN ☐ APRN	☐ Failed Exam ☐ Denied a License ☐ Did not meet licensure requirements ☐ Restriction was going to be placed on license	☐ Required to participate in an alternative program ☐ Withdrew Application ☐ Changed plans - let application expire ☐ Other:

SCREENING QUESTIONS

ABSOLUTE AND COMPLETE CANDOR IS REQUIRED. IF YOU ARE IN DOUBT WHETHER OR NOT TO REPORT, YOU SHOULD REPORT IT.

1. Have you ever been denied a professional license, multistate license, certification, registration or permit? **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.** ☐ YES ☐ NO

2. 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? **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.** ☐ YES ☐ NO

3. 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? **IF YES, EXPLAIN FULLY IN A SEPARATE SIGNED AND DATED STATEMENT TO INCLUDE THE STATE, DATES AND REASON FOR PARTICIPATION.** ☐ YES ☐ NO

4. Are you presently being investigated or is any action pending against any professional license, certification, registration, or permit you hold? **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.** ☐ YES ☐ NO

5. 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.) **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.** ☐ YES ☐ NO

6. 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.) **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.** ☐ YES ☐ NO

7. 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.) **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.** ☐ YES ☐ NO

8. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception, or malpractice related to healthcare practice? **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.** ☐ YES ☐ NO

9. 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? **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.** ☐ YES ☐ NO

10. Are you listed on any state or federal sexual offender registry? **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.** ☐ YES ☐ NO

11. 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? **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.** ☐ YES ☐ NO

Pursuant to Section 324.010 RSMo:

☐ **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.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail tcsincome@dor.mo.gov.

RELEASE

I ☐ authorize ☐ do not authorize the Missouri State Board of Nursing to release any and all information regarding my licensure and exam application status as a Registered Professional Nurse to my nursing education program as identified in this foregoing application and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam, examination results and my NCLEX Candidate Performance Report.

A copy of this authorization will be considered as effective and valid as the original.

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.

APPLICANT SIGNATURE	DATE

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 WILL NEED TO BE SUBMITTED TO BE CONSIDERED FOR LICENSURE.

FOR OFFICE USE ONLY - NOTES