



**APPLICATION FOR LICENSE AS A  
REGISTERED PROFESSIONAL NURSE  
BY EXAMINATION-FOREIGN EDUCATED**

Text Telephone (TT)  
1-800-735-2966  
(Hearing Impaired)

MISSOURI STATE BOARD OF NURSING  
P.O. BOX 656  
JEFFERSON CITY, MISSOURI 65102-0656  
(573) 751-0681  
WEBSITE: <http://pr.mo.gov>  
EMAIL: [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

**RN-X**

**FOR OFFICE USE ONLY**

LIC APPROVED	EDUCATION APPROVED	LIC DATE	LIC NUMBER
CASE NO	APPROVED	LAWFUL PRESENCE	LAWFUL PRESENCE EXP DATE
NURSYS	BG CHECK	TRANSCRIPT	DEEMED ELIGIBLE
PRE LIC NO	MEMO		

**APPLICATION IS RETIRED AND VOID IF REQUIREMENTS FOR LICENSURE ARE NOT MET WITHIN ONE YEAR FROM THE DATE THAT THE APPLICATION WAS NOTARIZED AND A NEW APPLICATION WILL NEED TO BE SUBMITTED TO BE CONSIDERED FOR LICENSURE.**

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) STREET OR P.O. BOX

CITY STATE ZIP CODE

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

E-MAIL ADDRESS (PLEASE 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) \_\_\_\_\_

**\*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 \_\_\_\_\_ as my primary state of residence effective \_\_\_\_\_.  
(PRIMARY STATE OF RESIDENCE) (EFFECTIVE DATE)

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.

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. **If you submit a copy of a birth certificate, please include a copy of a photo I.D.** Social security cards are not accepted.

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)

TYPE OF PROGRAM

- BACCALAUREATE
- DIPLOMA
- ASSOCIATE DEGREE
- OTHER (SPECIFY) ▶

GRADUATION DATE

**REFERENCES**

List the name, address and telephone number of two individuals who will always know where to reach you and indicate their relationship to you. The references should not have the same daytime telephone number. This information will be used to contact you, if necessary.

NAME

TELEPHONE NO.

ADDRESS

RELATIONSHIP

NAME

TELEPHONE NO.

ADDRESS

RELATIONSHIP

<b>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.</b>			
<b>NAME OF STATE/TERRITORY/COUNTRY</b>	<b>TYPE OF LICENSE</b>	<b>REASON NEVER LICENSED</b>	
	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> APRN	<input type="checkbox"/> Failed Exam <input type="checkbox"/> Denied a License <input type="checkbox"/> Did not meet licensure requirements <input type="checkbox"/> Restriction was going to be placed on license	<input type="checkbox"/> Required to participate in an alternative program <input type="checkbox"/> Withdrew Application <input type="checkbox"/> Changed plans - let application expire <input type="checkbox"/> Other:
	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> APRN	<input type="checkbox"/> Failed Exam <input type="checkbox"/> Denied a License <input type="checkbox"/> Did not meet licensure requirements <input type="checkbox"/> Restriction was going to be placed on license	<input type="checkbox"/> Required to participate in an alternative program <input type="checkbox"/> Withdrew Application <input type="checkbox"/> Changed plans - let application expire <input type="checkbox"/> Other:
	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> APRN	<input type="checkbox"/> Failed Exam <input type="checkbox"/> Denied a License <input type="checkbox"/> Did not meet licensure requirements <input type="checkbox"/> Restriction was going to be placed on license	<input type="checkbox"/> Required to participate in an alternative program <input type="checkbox"/> Withdrew Application <input type="checkbox"/> Changed plans - let application expire <input type="checkbox"/> Other:
<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.	Have you ever been denied a professional license, multistate license, certification, registration or permit? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b> <input type="checkbox"/> YES <input type="checkbox"/> 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? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
3a.	Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? <b>IF YES, PROVIDE A WRITTEN NOTARIZED EXPLANATION INCLUDING THE STATE, DATES AND REASON FOR PARTICIPATION.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
3b.	Have you ever been terminated from or refused to enter an alternative to discipline, diversion, or a peer assistance program? <b>IF YES, PROVIDE A WRITTEN NOTARIZED EXPLANATION INCLUDING THE STATE, DATES AND REASONS FOR PARTICIPATION AND TERMINATION.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
4.	Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b> <input type="checkbox"/> YES <input type="checkbox"/> 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.) <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b> <input type="checkbox"/> YES <input type="checkbox"/> 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.) <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).</b> <input type="checkbox"/> YES <input type="checkbox"/> 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.) <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
8.	Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception, or malpractice related to your practice as a registered professional nurse? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
9.	Do you have any condition or impairment, including a history of alcohol or substance abuse that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
10.	Are you currently participating in a substance abuse and/or alcohol or drug treatment program or been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE ANY DOCUMENTATION THAT SHOWS YOUR DIAGNOSIS, PROGNOSIS, AND TREATMENT PLAN.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
11.	Are you listed on any state or federal sexual offender registry? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
12.	Have you ever been placed on an employee disqualification list or other related restriction of 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 NOTARIZED STATEMENT.</b> <input type="checkbox"/> YES <input type="checkbox"/> 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 [income@dor.mo.gov](mailto:income@dor.mo.gov).**

**AFFIDAVIT (TO BE NOTARIZED BY A NOTARY PUBLIC)**

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.

Being duly sworn, I state that I am the person who is referred to in the foregoing application for licensure as a Licensed Practical Nurse in the State of Missouri; that the statements therein are strictly true in every respect; that I have complied with all requirements of law; that I am of good moral character; and that I have read and understood this affidavit. 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.

**MUST BE SIGNED IN PRESENCE OF NOTARY ▶**

APPLICANT SIGNATURE

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

NOTARY PUBLIC EMBOSSEER SEAL

SUBSCRIBED AND SWORN BEFORE ME, THIS

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

DAY OF 20

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

**FOR OFFICE USE ONLY - NOTES**