



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**LPN PETITION FOR LICENSE RENEWAL**

Missouri 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)

**FOR OFFICE USE ONLY**

CASE NUMBER	APPROVED	LAWFUL PRESENCE	LAWFUL PRESENCE EXP. DATE	NURSYS	MEMO
BACKGROUND CHECK	PRE-LICENSE NUMBER	LICENSE NUMBER	LICENSE DATE	DEPOSIT DATE	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> M.O.

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

**PETITIONER'S PERSONAL DATA**

CURRENT NAME (LAST, FIRST, MI) THIS NAME WILL APPEAR ON YOUR LICENSE \_\_\_\_\_ DAYTIME TELEPHONE NO. \_\_\_\_\_

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 \_\_\_\_\_

DATE OF BIRTH MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ SOCIAL SECURITY NO. (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY) \_\_\_\_\_ MISSOURI LICENSE NUMBER \_\_\_\_\_

E-MAIL ADDRESS - REQUIRED (PRINT) \_\_\_\_\_

- 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.

**FAILURE TO ANSWER EACH OF THE FOLLOWING QUESTIONS WILL INVALIDATE THIS PETITION.**

SINCE THE DATE YOUR MISSOURI LICENSE EXPIRED HAVE YOU PRACTICED NURSING IN MISSOURI?  YES  NO  
IF YES, DO YOU HOLD AN ACTIVE MULTISTATE COMPACT LICENSE? IF YES, LIST STATE(S):  YES  NO

**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.

**ALIEN STATUS DECLARATION (CONTINUED)**

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)
--	--------------------------------------

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.**

**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	
	<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:

**SCREENING QUESTIONS**

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

- Have you ever been denied a professional license, multistate license, certification, registration or permit? **IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**  YES  NO
- 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 NOTARIZED STATEMENT.**  YES  NO
- 3a. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? **IF YES, PROVIDE A WRITTEN NOTARIZED EXPLANATION INCLUDING THE STATE, DATES AND REASON FOR PARTICIPATION.**  YES  NO
- 3b. Have you ever been terminated from or refused to enter an alternative to discipline, diversion, or a peer assistance program? **IF YES, PROVIDE A WRITTEN NOTARIZED EXPLANATION INCLUDING THE STATE, DATES AND REASONS FOR PARTICIPATION AND TERMINATION.**  YES  NO
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? **IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**  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 NOTARIZED STATEMENT.**  YES  NO

**SCREENING QUESTIONS (CONTINUED)**

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 NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).**  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 NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).**  YES  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? **IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).**  YES  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? **IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT**  YES  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? **IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE ANY DOCUMENTATION THAT SHOWS YOUR DIAGNOSIS, PROGNOSIS, AND TREATMENT PLAN.**  YES  NO
11. Are you listed on any state or federal sexual offender registry? **IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**  YES  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? **IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**  YES  NO

**IMPORTANT INSTRUCTIONS**

**Before your petition for license renewal will be processed, all questions on this petition must be answered, certified copies of court documents must be attached if required, petition must be signed, properly notarized, and returned with the total amount due (indicated at right). LPN licenses expire May 31 of each even-numbered year. License renewal fees are not pro-rated. If you renew prior to March 1st in an even-numbered year, your license will expire on May 31st of that year. If you renew after March 1st in an even-numbered year, your license will expire on May 31st of the next even-numbered year.**

**REQUIRED FEE**

\$50.00 LATE RENEWAL FEE	
FOR YEARS LICENSE WAS LAPSED	
FOR CURRENT RENEWAL PERIOD	
<b>TOTAL AMOUNT DUE</b>	

**NOTE: PLEASE ENCLOSE ONLY ONE (1) CHECK OR MONEY ORDER FOR TOTAL AMOUNT DUE ABOVE.**

**OFFICE USE ONLY - DO NOT WRITE IN THIS AREA**

NAME \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

PREVIOUS NAME \_\_\_\_\_

NAME CHANGE

UPDATE ONLY

**AFFIDAVIT**

I am aware that all documents needed for reinstatement of licensure must be received in the Board office before my license may be reinstated. I hereby authorize the Board to release any of the documents needed for reinstatement 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 petition for license renewal in the State of Missouri; that the statements therein are strictly true in every respect; that I have complied with all requirements of law; 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**

SIGNATURE OF PETITIONER

DATE



STATE OF

COUNTY (OR CITY OF ST. LOUIS)

NOTARY PUBLIC EMBOSSER SEAL

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

20

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

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

**FOR OFFICE USE ONLY - NOTES**