

LOUISIANA STATE BOARD OF NURSING

17373 Perkins Road, Baton Rouge, Louisiana 70810

Telephone 225-755-7500 Fax: 225-755-7580

education@lsbn.state.la.us

Application for Permission to Enroll in Clinical Nursing Course in Louisiana

APPLICATION SUBMISSION

- For initial approval to enroll in a clinical nursing course and after any subsequent disciplinary action, arrest, charge or impairment, each student must submit this application to his/her program head who will submit this form as appropriate to the Louisiana State Board of Nursing (LSBN).
- Applications are due to LSBN no later than 60 days prior to enrollment into first clinical course and are submitted to LSBN by School Program Head (via postal service).
- The packet must include ALL of the following:
 1. Completed Application signed by Program Head
 2. All of the supporting documents listed under each question throughout the application.
 3. *Authorization for Criminal Background Check* (Please do not copy these two forms 2 sided)
 4. FEES - A \$20 application fee and Criminal Background Check fee of \$42.50 (Total \$62.50) in the form of a money order payable to LSBN. (Fees are non refundable)
 5. Two (2) ten-print fingerprint cards (Both fingerprint cards are to be completed separately. Do not send 2 copies of one print.

HELPFUL HINTS

SUBMISSION OF APPLICATION PACKET

1. Applications will be processed for only one school. Please do not submit multiple applications for multiple schools.
2. LSBN will send all correspondences to the mailing address on your application. Read questions very carefully to avoid delays for nondisclosure.
3. Submit all required documents listed under each question with the application.
4. All documents must be original, true copies of narrative, arrest reports/citations, and court documents regardless of disposition or expungement.
5. Provide official verification of other licenses with application.
6. Provide 2 distinct fingerprint cards and completed authorization forms.
7. REVIEW LSBN RULES AND REGULATIONS (website) -- LAC XLVII.3331 *Denial or Delay of Licensure, Reinstatement, or the Right to Practice Nursing as a Student Nurse* to determine eligibility for approval for clinical and licensure in Louisiana.
8. All changes in name or contact information must be submitted to LSBN. Forms can be found on the LSBN website (www.lsbn.state.la.us) on the Education page.

RESUBMISSION OF APPLICATION PACKET

1. New application, documents and fees are required for the following:
 - a. Change of schools
 - b. Disclosing new information
 - c. As directed by School of Nursing and/or LSBN
2. New Fingerprint cards not required unless directed by LSBN Staff
3. See instructions on previously disclosed section in Section II of application

SECTION I. TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT LEGIBLY)

1. Name: _____
First Middle Maiden/Last Name Married Name

2. Permanent Mailing Address: (All correspondence will be sent to this address)

Street

City State Zip Code

3. Telephone No.: _____ Social Security No.: _____
Alternate/Cell Phone No.: _____ Personal E-mail Address: _____

4. Date of Birth MM/DD/YYYY _____ Place of Birth: _____
(city, state, country)

5. Name of Nursing Program (school name): _____
Type of program: Diploma _____, ASN _____, BSN _____

6. Other nursing programs to which admission was granted: _____
(Include Schools(s) Semester/Quarter and Year)

7. Admission to clinical courses (month and year requesting approval): (MM/YYYY) _____
Date enrollment in Nursing Clinical course (MM/DD/YYYY)* _____

*Application and supporting documents must be received 60 days prior to this date

Projected Date of Graduation: (MM/YYYY) _____

8. Other licenses held (CNA, Respiratory Therapist, Paramedic, EMT, other *): _____
* Include official verification of licensure statues from Licensing agency.

9. Are you a citizen of the United States? Yes ___ No ___ If no, give Alien Registration No.: _____

10. Have you ever been licensed as a Practical Nurse (LPN/LVN) in Louisiana or any other state/jurisdiction?
YES ___ NO ___ If yes, what state(s)/jurisdiction(s)? _____ when? _____

* Include official verification of licensure status from Licensing agency.

11. Have you ever submitted an application for permission to enroll in clinical to **LSBN** ?
YES ___ NO ___ If yes, when? (MM/YYYY) _____

RN School(s) approved to attend _____

Reason for resubmission (check all that apply):

_____ Changing School of Nursing

_____ Readmission after academic failure

_____ Disclosing New Incident

_____ Previously delayed- providing new information

_____ Other - Please Explain: _____

SECTION II. TO BE COMPLETED BY THE APPLICANT

You must attach all requested documents listed for questions with “YES” answers. Applications will not be processed until the items are received. Do not write directly on this application. Please initial and date any errors made on this application.

IF previously Checked YES/Disclosed and provided ALL of the listed documents, then:

- Check yes for appropriate question
- Provide signed narrative as outlined under question and include statement regarding previous disclosure and submission of information to LSBN.
- If there is no new information/ please include statement stating this.

Yes__No__ 1. Have you ever been issued:

- a citation or summons for,
- has/have warrant(s) been issued against you related to,
- have you been arrested, charged with, arraigned, indicted, convicted of,
- pled guilty/”no contest”/nolo contendere/“best interest” or any similar plea to,
- been sentenced for any criminal offense, in Louisiana or other jurisdiction?

NOTE: Even though an arrest or conviction has been pardoned, expunged, dismissed, deferred, or diverted, and even if your civil rights have been restored, you must answer “YES” and mail certified court documents of incident/arrest together with a signed letter of explanation.

- **DWI arrest must be reported, regardless of final disposition.**
- **Traffic violations such as speeding or parking tickets do not need to be reported.**

If yes, then you must provide:

- **Provide a narrative explanation of incidents include:**
 - *date of any/all citations*
 - *summons, warrants, arrests, charges, arraignments, indictments, convictions, pleas, sentence,*
 - *the name of parish/county in which arrests, etc., occurred, the*
 - *names of arresting agencies, the violation(s) listed,*
 - *the final disposition of any/all criminal matters, and*
 - *current status, if no final disposition.*
- **Enclose**
 - *certified true copies of any/all arrest report(s), etc., occurrence/narrative/supplemental reports;*
 - *certified true copies of any/all court minute entries and court judgments/orders;*
 - *copies of probation/DA diversion or **Pretrial Intervention** programs, etc., and*
 - *any/all other relevant records.*

No faxed arrest records or court documents.

***** REVIEW LSBN RULES AND REGULATIONS -- LAC XLVII.3331 Denial or Delay of Licensure, Reinstatement, or the Right to Practice Nursing as a Student Nurse (see LSBN website-www.lsbm.state.la.us)**

- Yes__No__ 2. Have you ever had a license to practice nursing or as another health care provider denied, revoked, suspended, sanctioned, or otherwise restricted or limited, including voluntary surrender of license—including restrictions associated with participation in confidential alternatives to disciplinary programs?

Have you had disciplinary action pending by a licensing board—**other than by Louisiana State Board of Nursing**—in any state or jurisdiction?

If yes, then you must:

- **Provide** a narrative ***explanation*** with date of and description of any/all actions by other licensing boards in Louisiana and in other states or jurisdictions (***beside the Louisiana State Board of Nursing***), including names of other boards at issue, status of any/all disciplinary matters with other boards,
- **Enclose** certified true copies of any/all other board actions by other licensing boards, along with any/all related and/or subsequent actions

- Yes__No__ 3. Have you ever been discharged from the military on ground(s) other than an honorable discharge?

If yes, then you must:

- **Provide** a narrative ***explanation*** of the other-than-honorable discharge, with date(s) of incident(s) involved, detailed description of grounds for discharge, along with description of the surrounding circumstance and any/all other relevant information.
- **Enclose** photocopies of any/all military discharge documents, including any/all documentation of the underlying action(s) that resulted in discharge, with any/all other related records.

- Yes__No__ 4. Have you ever been diagnosed with, do you have, or have you had a medical, physical, mental, emotional or psychiatric condition that might affect your ability to safely practice as a Registered Nurse?

If yes, then you must:

- **Provide** a narrative ***explanation*** with date(s) of incident(s) involved, detailed description of the condition(s) at issue, diagnoses, treatment received so far, treatment planned or prescribed, information regarding the current status of your condition(s), date, name and location of any/all treating facility(ies) and/or treating caregiver(s), number of times in treatment, currently-prescribed medication(s), and any/all other relevant information. Include in your statement if you are going to apply for Social Security or insurance disability.
- **Enclose** photocopies of any/all discharge summaries, relevant medical records and/or treatment record, written statement(s) sent directly from treating physician(s) addressing current ability to safely practice nursing, along with any/all related records.

- Yes__No__ 5. Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs or alcohol?

Have you been diagnosed as dependent upon/addicted to, or been treated for, dependence upon medications?

If yes, then you must:

- ***Provide*** a narrative ***explanation*** with date(s) of incident(s) involved, detailed description of the condition(s) at issue, diagnoses, treatment received so far, treatment planned or prescribed, information regarding the current status of your condition(s), date, name and location of any/all treating facility(ies) and/or treating caregiver(s), number of times in treatment, currently-prescribed medication(s), and any/all other relevant information. Include in your statement if you are going to apply for Social Security or insurance disability.
- ***Enclose*** photocopies of any/all discharge summaries, relevant medical records and/or treatment record, written statement(s) sent directly from treating physician(s) addressing current ability to safely practice nursing, along with any/all related records.

SECTION III. INSTRUCTIONS

- Refer to page 1 and instruction sheet found on LSBN website for complete instructions
- If you answered “yes” to any questions in Section II, the requested documentation must be submitted to your school of nursing along with your clinical application packet. Any subsequent incident(s) must be immediately submitted in writing via this application to the Louisiana State Board of Nursing.
- Failure to disclose or to correctly answer any questions in Section II may result in disciplinary action
- All applications and supporting documentation are requested no later than sixty (60) days prior to enrolling in a clinical nursing course. Applications will not be processed until all supporting documentation required has been received.
- Refer to LSBN website (www.lsbn.state.la.us) for the following:
 - Rules regarding Delay/Denial of Clinical Course Enrollment
 - Application Instruction Sheet
 - Authorization for Criminal Background Check Forms
 - Change of Address Form

SECTION IV. REPORTING OF SUBSEQUENT ARRESTS, CONVICTIONS OR IMPAIRMENT

If a student is admitted to the clinical sequence of the program, any subsequent action, arrest, criminal charge or conviction or impairment shall be immediately reported in writing to the LSBN and the program head.

SECTION V. Applicant Authorization

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I HEREBY AUTHORIZE the Louisiana State Board of Nursing to release information to my nursing program from my criminal history record as provided by the Louisiana Bureau of Criminal Identification and information of the Office of State Police within the Department of Public Safety and Corrections and from the Federal Bureau of Investigations.

Further, I certify that I am the person referred to in this application for permission to enroll in clinical nursing course, that the statements herein contained are true in every respect; that I have read and understand this affidavit. Falsification of any information accompanying or contained on this application will result in disciplinary action by the Board, including denial of licensure.

Signature of Applicant

Date

Name of Nursing Program

Date

SECTION VI. PROGRAM HEAD

Signature of Program Head

Date

Mail all documents to:
Louisiana State Board of Nursing
17373 Perkins Road
Baton Rouge, LA 70810

All applications and supporting documentation are requested no later than sixty (60) days prior to enrolling in a clinical nursing course.

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