



**GEORGIA BOARD OF EXAMINERS OF
LICENSED PRACTICAL NURSES**

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

www.sos.georgia.gov/plb/lpn

**APPLICATION FOR LICENSURE BY EQUIVALENCY
GENERAL INSTRUCTIONS**

***** WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE &
DO NOT STAPLE OR FOLD APPLICATION*****

Applicant: It is illegal to practice as a licensed practical nurse in Georgia unless you have an active (current) license issued by this board. The board does not issue temporary licenses or permits.

LICENSURE INFORMATION. In order to be eligible for licensure by EQUIVALENCY You must meet the following requirements:

- ✓ Be at least 18 years of age and in good physical and mental health
- ✓ Be a high school graduate or have a General Education Diploma (GED)
- ✓ Have a degree or diploma from an approved nursing education program as defined in O.C.G.A. §43-26-32(1.1)
- ✓ Education must be equivalent to the education received from Board approved programs see Rule 400-3-.07
- ✓ Foreign graduates must demonstrate English proficiency by submitting passing scores for any one of the following tests: TOEFL, TSE, or TWE
- ✓ You must not be otherwise disqualified under O.C.G.A. §43-26-40

✓	YOU MUST SUBMIT THE FOLLOWING DOCUMENTS :
APPLICATION FEE	Applications received without the fee or with an incorrect fee will be returned without review. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
APPLICATION	Type or print in ink. You must respond to all questions and requests on the application or it will be returned for you to complete. You must use your legal name; nicknames or initials will not be accepted. Include a recent passport-type photograph (head and neck of the applicant only.) Be sure to sign the application and have it notarized. Email is often the quickest way to resolve issues and notify you of problems with your application. Your email address will not be shared with third parties.
CRIMINAL BACKGROUND CHECK	Criminal background checks are required by O.C.G.A. § 43-26-36 for each application submitted. Refer to the Georgia Board of Examiners of Licensed Practical Nurses website at www.sos.ga.gov/plb/lpn under "Download Forms" for "Instructions for Applicants in the State of Georgia to Obtain Fingerprints for a Background Check" and "Instructions for Out of State Applicants to Obtain Fingerprints for a Background Check." Both in state and out of state applicants must register with Cogent Systems and follow the guidelines found at their website at www.ga.cogentid.com . *DISCLAIMER: The Georgia Board of Examiners of Licensed Practical Nurses is not responsible for unacceptable or rejected fingerprints submitted; it is the vendor's responsibility to provide acceptable fingerprints.
TRANSCRIPT CLOCK HOURS EDUCATION VERIFICATION	Applicants must request school officials to submit an OFFICIAL TRANSCRIPT , mailed directly to Georgia Board in a sealed envelope, with school seal affixed. The transcript must indicate actual classroom and clinical contact clock hours, final grades and dates of attendance. Hours completed must be submitted in clock hours. Semester or quarter credit hours are not adequate. A CONTACT CLOCK HOURS FORM should be used. The VERIFICATION OF EDUCATION FORM is also required. Complete this process before you submit your application for licensure.
TOEFL, TSE OR TWE SCORES	Foreign graduates must submit a copy of your passing score for one of the English proficiency examinations.
CREDENTIALS EVALUATION	Submit a nursing credentials evaluation. Such evaluation should indicate type of nursing program and level of study and be submitted directly to the board office. This process could take 12 months, please complete this process prior to making application for a license.

LETTER OF EXPLANATION	If you responded yes to questions 16 through 21 on the Application For Licensure By Equivalency, you must submit a letter of explanation.
FINAL DISPOSITIONS	If you responded yes to questions 16, 17, 18 or 19 you must submit a copy of the final disposition of the matter.

NCLEX-PN FEES – Once you are approved to sit for the NCLEX-PN examination, you may register. Register and pay your fees at www.ncsbn.org. Within fifteen business days after you register with Pearson Vue and your eligibility has been granted by the Board, you will receive an approval to test by email from Pearson Vue. The approval to test letter will allow you to schedule your exam.

ADA ACCOMODATIONS – You may request accommodations by submitting your request on the enclosed form.

RE-EXAM - Please visit our website at www.sos.ga.gov/plb/lpn and download the re-exam application.

GRADUATES OF NCLEX JURISDICTION NURSING PROGRAMS – You are encouraged to seek original licensure in the state where you attended nursing school and then apply by endorsement into Georgia, otherwise future licensure into other states will be delayed because you were granted an original license by equivalency.

ADDRESS AND NAME CHANGES: Address changes may be made via the website www.sos.ga.gov/plb. The post office does not forward mail from the board. All name changes must include a copy of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)

UNACCEPTABLE PROGRAMS: Holding a LPN license from another state does not guarantee licensure in Georgia. Georgia law does not provide for licensure by challenge or experience. You must have graduated from an approved nursing education program as defined in O.C.G.A. §43-26-32(1.1).

CREDENTIAL AGENCIES - The Board will accept credential evaluations from:
Commission on Graduates of Foreign Nursing School (CGFNS)
3600 Market Street Suite 400
Philadelphia, Pennsylvania 19104-2651
Telephone: (215) 349-8767

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

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 Macon, Georgia 31217
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**APPLICATION FOR LICENSURE - EQUIVALENCY
 LICENSED PRACTICAL NURSE**

Application Fee: \$40.00 (non-refundable)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.

SECTION I: PERSONAL INFORMATION

1. NAME

 LAST FIRST MIDDLE MAIDEN

2. NAME as shown on documentation or transcripts

(if different):

 LAST FIRST MIDDLE MAIDEN

3. SOCIAL SECURITY NO.

DATE OF BIRTH

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

4. ADDRESS

 PHYSICAL (HOME) ADDRESS (Post Office Box NOT acceptable)

 CITY STATE ZIP

*Pursuant to O.C.G.A. §43-1-2 (k) your name, mailing address and license number are public information and will appear on the Secretary of State's website.

5. ADDRESS

 MAILING ADDRESS (Post Office Box is acceptable) APT #

 CITY STATE ZIP

6. DAYTIME PHONE

OTHER PHONE

7. APPLICANT AFFIDAVIT: I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of _____, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on page ____ of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of _____ and/or criminal prosecution.

8. E-Mail Address: _____

SECTION II: PROFESSIONAL INFORMATION

9. DID YOU GRADUATE FROM HIGH SCHOOL OR OBTAIN A GED? _____

10. BASIC NURSING EDUCATION: (Indicate appropriate program)

VN/PN PROGRAM RN/ADN PROGRAM

***NOTE:** Applicant must request school official to complete the Calculation of Clock Hours and Education Verification Forms and submit an official transcript verifying proof that program is equivalent or greater than the requirements in Georgia.

11. NAME OF SCHOOL _____

Address of School	City	State	Zip
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Did you graduate? NO YES, give date of graduation _____

***NOTE:** GA LAW 43-26-36 – Applicant must have graduated from an approved nursing education program as defined in O.C.G.A. §43-26-32(1.1).

***NOTE:** If you hold a current license from another state and have successfully passed the NCLEX-PN Examination, you must complete the Application for Licensure by Endorsement. You must contact your state for verification of licensure to the Georgia Board.

SECTION III: BACKGROUND INFORMATION

If you answer yes to any of the following questions, please attach a letter of explanation. For questions 16, 17, and 18 submit a letter of explanation and a copy of the official document that indicates the final disposition of the action. For question 19 submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action (court indictment, police record, certified warrant/court dismissal, verdict of first offender treatment). You are expected to read each question carefully, completely and notify the board of any changes to the Background Information. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to notify the Board of any changes to the Background Information may be grounds for denial of your application or other disciplinary action against you.

14. YES NO HAVE YOU EVER APPLIED FOR LICENSURE IN GEORGIA?

15. YES NO HAVE YOU EVER TAKEN THE LICENSING EXAMINATION IN GEORGIA OR ANOTHER STATE? IF YES, WHAT STATE? _____

16. YES NO HAS ANY LICENSE OR CERTIFICATION ISSUED TO THE APPLICANT BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE BEEN REVOKED OR INVESTIGATED OR SUSPENDED OR SURRENDERED OR OTHERWISE SANCTIONED?

17. YES NO HAVE YOU EVER BEEN DENIED ISSUANCE OF OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE?

18. YES NO HAVE YOU EVER FAILED TO RENEW ANY LICENSE OR CERTIFICATION ISSUED TO YOU BY ANY BOARD OR AGENCY IN GEORGIA OR OTHER STATE BECAUSE OF PENDING DISCIPLINARY ACTION OR INVESTIGATION?

19. YES NO HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY, MISDEMEANOR (OTHER THAN A MINOR TRAFFIC VIOLATION), CRIME INVOLVING MORAL TURPITUDE, OR A CRIME VIOLATING FEDERAL OR STATE LAW RELATING TO CONTROLLED SUBSTANCES OR DANGEROUS DRUGS? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). **NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.**

20. YES NO HAVE YOU UNDERGONE TREATMENT FOR ANY SUBSTANCE USE WITHIN THE LAST FIVE YEARS? If "yes," please include all information relevant to your diagnosis, prognosis, treatment plan, practice recommendations and discharge summary. Also include a personal letter of explanation regarding each incident.

21. YES NO DO YOU HAVE ANY PHYSICAL DISABILITY WHICH WILL IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE NURSING? Please submit a letter of explanation.

AFFIDAVIT

I hereby authorize the Georgia Board of Examiners of Licensed Practical Nurses to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. Under penalties of perjury, I declare and affirm that I am in good physical and mental health with no finding that should prohibit me from the performance of nursing duties and that the statements made in the foregoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure.

Signature of Applicant: _____

Sworn to and subscribed before me this ____ day of _____, 20 ____.

State of _____ County of _____

Notary Public
My Commission Expires: _____ (seal)



APPLICANT: COMPLETE SECTION I BELOW AND SEND THIS FORM TO THE OFFICIAL OF THE SCHOOL OF NURSING THAT YOU COMPLETED. THE SCHOOL WILL RETURN THIS FORM DIRECTLY TO THE BOARD OFFICE @ 237 COLISEUM DRIVE, MACON, GEORGIA 31217

**GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE, MACON, GEORGIA 31217 * (478) 207-2440
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EDUCATION VERIFICATION

Applicant: Complete Section I and send to the official of the school of nursing that you completed. The school will return this form directly to the board office.

SECTION I

NAME OF STUDENT

LAST FIRST MIDDLE MAIDEN

ADDRESS STREET APARTMENT # CITY STATE ZIP

TELEPHONE # HOME: () WORK ()

*******APPLICANT – DO NOT WRITE BELOW THIS LINE*******

SECTION II

SCHOOL: Complete Section II and return this form and the clock hours form directly to the board office.

This is to certify that the above named student attended the following school:

Name of School: _____

School Address: _____

Did student graduate? YES NO **Date graduated:** _____
Dates attended: From _____ **To** _____

This program was approved by the State Board of Nursing of _____ during the time of this student's enrollment.

Program School Code _____

Name of Regional Accrediting Body _____

It is further certified that the above named student has satisfactorily completed the subjects as shown on the official transcript or student final record that indicates student's classroom and clinical contact clock hours and grades.

Was a diploma, degree or certificate awarded? YES NO **If no, please explain.** _____

(Affix school seal here)

Signature

Print Your Name

Title



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440

DIRECTIONS FOR CALCULATING CONTACT CLOCK HOURS

APPLICANT: PLEASE PROVIDE THESE INSTRUCTIONS (PAGES 8, 9 & 10) WITH THE CCH FORM (PAGES 11 & 12) TO THE PROGRAM CHAIR

Dear Nursing Program Chairperson:

The Georgia Law Governing the Practice of Licensed Practical Nursing requires a candidate for licensure as an LPN to demonstrate a minimum of 685 hours of theory content in specified courses and a minimum of 485 hours of clinical experience in specific areas of practice. Many applicants are needlessly delayed in receiving a Georgia license because their transcript alone does not contain the actual total number of clock hours.

In order for the Georgia Board of Examiners of Licensed Practical Nurses to evaluate an applicant's credentials for licensure, we require that an official school transcript be submitted with a breakdown of courses on the enclosed Contact Clock Hour Calculation Form (application pages 11 & 12 to be provided you by the applicant).

Please follow these directions to complete the form so that your program's former student will receive every credit that he/she has earned in your curriculum toward Georgia licensure.

DIRECTIONS:

I. COURSES AND CLINICAL EXPERIENCE AREAS TO BE CONSIDERED

Please note that a "Passing" grade must have been received in any course in order for its theory and/or clinical hours to be counted toward licensure.

A. Theory Content should include:

1. Required Content (either as individual courses or integrated).
All of the following course content areas must be provided in the curriculum and such curriculum shall contain a minimum of five hundred (500) hours in these areas:
 - a. Anatomy and Physiology
 - b. Nutrition and Diet Therapy
 - c. Drug Calculations and Administration
 - d. Pharmacology
 - e. Personal and Professional Relationships
 - f. Nursing Fundamentals
 - g. Medical Nursing
 - h. Surgical Nursing
 - i. Maternal/Infant Nursing
 - j. Child Nursing
 - k. Mental Health/Illness

***State the content area for each theoretical and/or clinical course. Your course acronym and title may not be self explanatory.**

***Please indicate content areas per course if curriculum is integrated for theory and/or clinical.**

2. Acceptable additional content hours may be obtained from the following course areas, provided no course area is duplicated.
 - a. English
 - b. Math
 - c. Psychology
 - d. Sociology
 - e. Microbiology

- f. Chemistry
 - g. Medical Terminology
 - h. National Practical Nursing Licensure Examination Preparation
 - i. Computer Science
3. Theory hours are further defined to include classroom activities such as:
- a. Lectures
 - b. Group discussions
 - c. Classroom procedure demonstrations
 - d. Return demonstrations performed in the nursing lab on classmates and/or manikins.

It is IMPORTANT that all "lab" hours be differentiated into either "Theory" or "Clinical" as defined.

B. Clinical Experience should include:

- 1. Required areas. All of the following clinical experience areas must be provided in the curriculum.
 - a. Medical Nursing
 - b. Surgical Nursing
 - c. Maternal/Infant Nursing
 - d. Child Nursing
 - e. Mental Health/Illness Nursing
 - f. Geriatric Nursing
 - g. Medication Administration AND
 - h. Other appropriate and related experiences
- 2. Clinical hours are further defined to include all hours spent in actual patient care and in clinical pre- and post-patient care conferences. Please delete meal and other "break" times.

It is IMPORTANT that all "lab" hours be differentiated into either "Theory" or "Clinical" as defined.

***State the content area for each theoretical and/or clinical course. Your course acronym and title may not be self explanatory.**

***Please indicate content areas per course if curriculum is integrated for theory and/or clinical.**

II. FORMULAS

The Formulas to be utilized for calculating contact clock hours are:

A. Theory Hours = The number of hours per classroom session X The number of classroom sessions per week X The number of weeks in the quarter (or semester).

B. Clinical Hours = The number of hours per clinical experience day X The number of clinical experience days per week X The number of weeks in the quarter (or semester).

C. **Examples** of the Calculation of Clock Hours:

COURSE	HOURS PER CLASS, LAB OR CLINICAL	CLASSES PER WEEK	NUMBE R OF WEEKS	TOTAL
Nutrition (Diet Therapy)	1	3	10	30
Anatomy/ Physiology	1 (lecture) 4 (classroom lab)	3 1	10 10	30 40
Nursing 201 (Fundamentals)	2 (class) 2 (classroom lab) 8 (clinical)	1 2 3	10 5 8	20 20 192
<u>SUMMARY</u> Course	<u>THEORY</u> (Classroom & Lab)	<u>CLINICAL</u> (Patient care & Conferences)		
Nutrition A & P Nsg. 201	30 30 & 40 <u>+20 & 20</u> 80 + 60 = 140 Total	0 0 <u>+ 192</u> 192 TOTAL		

III. COMPLETION

After you have completed and totaled both sections of the Contact Clock Hours Calculation Form (written legibly or typed), please **affix your program's seal**, sign and return form to the address listed on the top of the form.

Thank you for assisting the licensure applicant in this manner.

***APPLICANT: PLEASE PROVIDE THESE INSTRUCTIONS (PAGES 8, 9 & 10)
WITH THE CCH FORM (PAGES 11 & 12) TO THE PROGRAM CHAIR***



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NURSING PROGRAM CALCULATION OF CLOCK HOURS

Instructions:

1. Complete Section I and sign.
2. Submit this form to your nursing program.
3. Request an official copy of your transcripts from your nursing program to be **sent directly to the address above.**
3. **Your nursing program is required to mail this completed form directly to the Board at the address above.**

Section I (To be completed by applicant)

Name of Applicant _____

Last
First
Middle
Maiden

Address _____

Street
City
State
Zip Code

Signature of Applicant _____ Social Security Number _____

Date of Birth _____ Applicant's telephone number _____

***** **APPLICANT: DO NOT WRITE BELOW THIS LINE** *****

Section II (To be completed by Nursing Program Chair)

1. Complete Section II of this form
2. Sign and attach school seal to this form
3. MAIL THIS FORM DIRECTLY TO THE BOARD OFFICE at: 237 Coliseum Drive, Macon, GA 31217-3858.

1. Did student graduate? _____ Dates attended: _____ Date of Graduation: _____
2. Was a diploma or degree awarded to the student? _____ What type? _____
3. Please indicate the actual CLOCK HOURS for the following courses:

SUBJECT	TOTAL CLOCK HOURS <small>Clock hours means actual classroom time (ex: a class meeting 1 hour/day 3 times a week for 6 weeks = 18 hours)</small>	GRADE RECEIVED	Check here if subject was integrated.
ENGLISH			
MATH			
PSYCHOLOGY			
SOCIOLOGY			
CHEMISTRY			
ANATOMY & PHYSIOLOGY			
BASIC MICROBIOLOGY			
BASIC NUTRITION			
BASIC PHARMACOLOGY			
DRUG CALCULATIONS			
LEGAL & ETHICAL HEALTH CARE ISSUES			
PRINCIPLES & PROCEDURES OF DIAGNOSTIC STUDIES			
COMPUTER LITERACY			
CARDIOPULMONARY RESUSCITATION			
NCLEX PREPARATION			



OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF LICENSED PRACTICAL NURSING
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize the Georgia State Board of Examiners of Licensed Practical Nurses ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

- This authorization is valid for 90/180/___ (circle one) days from date of signature.
- I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ___ Working with mentally disabled
___ Working with elder care
___ Working with children

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS)(Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

(Print Name)

(Signature) (Date)

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.**

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC My Commission Expires: