



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 REINSTATEMENT GENERAL INSTRUCTIONS

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

It is illegal to practice as a licensed practical nurse in Georgia unless you have an active (current) license issued by this board. If you have never held a Georgia LPN license, this is the wrong form. Please refer to Board's website for the Rules and Laws.

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. You must use your legal name. If your name has changed, you must submit a copy of the marriage certificate or legal document validating the name change. Include a recent passport-type photograph and have the application notarized.
VERIFICATION OF EMPLOYMENT	Submit the Verification of Employment form to your most recent employer (DON, Personnel Director, or Human Resources Department) who can provide verification of your practice as a LPN within the last five years. This form MUST be completed and mailed by your employer DIRECTLY to the board office. If you are unable to provide proof of 500 hours or 3 months of compensated practice within the last five years, you will not be eligible for reinstatement without completion of a board approved refresher program. If you have not practiced for financial compensation for five (5) to eight (8) years prior to the date of application, you must complete a board approved refresher program which consists of 80 hours of didactic (classroom) instruction and 80 hours of clinical practice. If you have not practiced for compensation for a period of eight (8) to ten (10) years prior to the date of application, you must complete a board approved refresher program which consists of 80 hours of classroom instruction and 160 hours of clinical practice. (Clinical practice hours must cover nursing practice, geriatrics, pediatrics, HIPAA, medications, universal precautions, MRSA, HIV, rules, documentation, ethics, IV therapy, dialysis, patients' rights, restraints and their proper usage.) If you have not practiced for compensation in excess of 10 years, your application will be evaluated for additional requirements, in accordance with the law, on a case by case basis at the Board's discretion.
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.
VERIFICATION OF CURRENT LICENSE	If the state where you last worked as a LPN is not Georgia, then you must complete Part I of the Verification of License form and submit it to the state where you last worked as a LPN. All applicants must submit verification of any current license. There may be a fee due to that state, contact state. The state will return the verification form directly to Georgia. If the state where you last worked participates in Nursys Verification, you must complete the Nursys' License Verification Request Form available at <http: www.nursys.com >
LETTER OF EXPLANATION	If you responded "yes" to <u>any question</u> in Section III: Background Information, you must submit a letter of explanation. If you responded yes to questions 11, 12, 13, or 14, you must submit a copy of the final disposition.
ADDRESS AND NAME CHANGES	Address changes should 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 <u>copy</u> of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)

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
 237 Coliseum Drive
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APPLICATION FOR LICENSURE - REINSTATEMENT
LICENSED PRACTICAL NURSE

Application Fee: \$80.00 (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** in which license was originally issued

(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**

 HOME/PHYSICAL ADDRESS (P.O BOX NOT ACCEPTABLE) APT #

 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 #

6. **TELEPHONE NUMBER:** _____ **TELEPHONE NUMBER:** _____
 (DAY) (EVENING)

7. **E-Mail Address:** _____

8. **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.

9. E-mail Address: _____

SECTION II: PROFESSIONAL INFORMATION

10. **GEORGIA LICENSE NO.** LPN **Date license expired** M | M | - D | D - Y | Y |
(Attach a copy of identification card, if available)

11. **NAME OF SCHOOL** **Date graduated:** M | M | - D | D - Y | Y |
 (Nursing) _____

City/State: _____

12. **LIST STATE (S) OF LICENSURE AS LPN/VN (Include additional sheets if necessary)**

State _____	License # _____	Expiration date	<u> M M - D D - Y Y </u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
State _____	License # _____	Expiration date	<u> M M - D D - Y Y </u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
State _____	License # _____	Expiration date	<u> M M - D D - Y Y </u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No

13. HAVE YOU WORKED AS A LICENSED PRACTICAL NURSE DURING THE LAST FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION?

- NO If no, submit the last date of LPN employment _____
- YES If yes, submit the Verification of Employment form (page 5) to your most recent Employer to verify 500 hours or 3 months of paid

Licensed Practical Nurse practice within the last five years (LPN practice must have been paid and under the supervision of a RN, physician, podiatrist or dentist.) Your Employer must mail the Verification of employment form directly to the Board office. The applicant must not complete any parts of the form on page 7, section II. The form will not be accepted, and will require the form to be resubmitted, if completed by applicant.

PLEASE INDICATE YOUR LAST FIVE (5) YEARS OF PRACTICE BELOW

(NOTE: Verification form must still be submitted by your most recent employer as described above)

Practice Year	LPN Practice (yes or no)	Hours practiced in year	Place of LPN practice: Name of Agency, city, state	Duties
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION III: BACKGROUND INFORMATION

If you answer yes to any of the following questions, please attach a letter of explanation. For questions 11, 12, 13, 14 or submit a letter of explanation and a 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 information. Failure to answer these questions truthfully or to notify the Board of any changes in the information may be grounds for denial of your application or other disciplinary action against you.

14. YES NO HAS ANY LICENSE OR CERTIFICATION ISSUED TO THE APPLICANT BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE TAKEN ACTION AGAINST YOUR LICENSE OR REVOKED OR INVESTIGATED OR SUSPENDED OR SURRENDERED OR OTHERWISE SANCTIONED OR DISCIPLINED YOUR LICENSE? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.

15. 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? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.

16. 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? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.

17. 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.**

18. 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.

19. YES NO DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITY WHICH WILL IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE NURSING? If yes, 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)



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

237 Coliseum Drive
Macon, Georgia 31217

VERIFICATION OF EMPLOYMENT BY APPLICANTS BY REINSTATEMENT

Applicant Instructions:

1. Complete Section I and sign.
2. Submit this form to your most recent **employer (DON, Personnel Director, Human Resources Department)** who can provide verification of your practice as a LPN within the last five years. Ask the employer to complete the form and place it in a sealed envelope by them for you to be submitted with your application.
3. If you are unable to provide proof of 500 hours of practice within the last five years, you will not be eligible for licensure without completion of a board approved refresher program.

Section I (To be completed by applicant)

*The name and address of your employer on this form must match the name and address you listed under "Employment History" on the application.

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment to the Georgia Board of Examiners of Licensed Practical Nurses. I understand this information is required as part of the application for licensure process.

Signature of Applicant _____ Applicant Phone Number (s) _____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment):

Employer Instructions:

1. Complete Section II of this form.
2. Employment must have been for compensation and under the supervision of a RN, physician, podiatrist or dentist.
3. Return the form to the applicant in a sealed envelope.

1. Name of Facility/Business/Employer: _____ Phone Number: () _____

2. Physical Address of Location: _____
City State Zip

3. Employee's Position/Title: _____

4. Is an LPN license required for employment in this position? No Yes

5. Employment Dates: From: _____ (mo/yr) - To: _____ (mo/yr)

LIST BELOW THE NUMBER OF HOURS WORKED PER YEAR AND Job Description: List below the number of hours worked per year and duties:

Year	Hours worked	Job Description

6. Printed name and title of person verifying employment: _____

7. I hereby certify that I am a custodian of records at _____ and the information submitted on this form is a true and correct representation of this applicant's file with our institution.

8. Signature of employer representative completing this form: _____ Date _____

Employer Representative's Signature Must Be Notarized

Sworn to and subscribed before me this

_____ day of _____, 20 _____.

(Notary Public)

My Commission Expires: _____

(Notary Seal)

PLEASE SEPARATE THIS FORM, COMPLETE PART I, SUBMIT THE ENTIRE FORM TO THE STATE WHERE YOU ARE CURRENTLY LICENSED. A FEE MAY BE REQUIRED. REQUEST THE LICENSING AGENCY COMPLETE PART II AND MAIL THIS FORM DIRECTLY TO THE ADDRESS BELOW:



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE * MACON, GEORGIA * 31217

VERIFICATION OF LICENSE

PART I

I, _____, HEREBY AUTHORIZE THE STATE OF _____ BOARD OF NURSING TO FURNISH TO THE GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES THE INFORMATION REQUESTED BELOW.

Current Phone No. _____ SIGNATURE _____ Social Security No. _____ License No. _____
APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY

LICENSING AGENCY: The above applicant has applied for reinstatement of practical nurse license in the State of Georgia. Please furnish the Georgia Board the following information. Please return to:
 Georgia Board of Examiners of Licensed Practical Nurses, 237 Coliseum Drive, Macon, Georgia 31217

PART II

Licensed by: exam endorsement waiver equivalency grandfather clause

License status: current Inactive Lapsed
 Expiration date _____
 Date of last renewal _____
 Date of last renewal _____

Licensee: _____ License Number: _____ Issue Date: _____

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) YES NO

Is the applicant currently under investigation? Yes () No ()

REMARKS: _____

(BOARD SEAL) SIGNATURE _____
 TITLE _____
 BOARD ADDRESS: _____
 DATE BOARD PHONE NO. _____



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA STATE 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: