Georgia Board of Nursing – Licensure By Repeat Examination as a Registered Nurse

Please follow these easy steps to ensure that your application is processed as quickly as possible.

1. Complete the application in its entirety. Indicate N/A for any blanks that are not applicable.

2. Include a check or money order payable to the Georgia Board of Nursing in the amount of $40.00. Please note that application fees are non-refundable.

3. Board rule 410-2-.01 requires applicants for licensure by examination to pass NCLEX within three years of the date of graduation. Applicants for licensure by examination who have not passed NCLEX within three years of the date of graduation must enroll in and graduate from an approved nursing education program to reestablish testing eligibility.

4. The Board requires applicants to disclose all previous arrests and discipline by other regulatory boards. If you have ever been arrested or disciplined by any other regulatory board or agency please provide a certified copy of the official documents showing the final disposition of the incident as well as a personal, detailed letter of explanation regarding each incident. To avoid processing delays please submit all documentation as part of your application packet.

5. Georgia law requires applicants to submit secure and verifiable documentation regarding their United States citizenship status. Submit a copy of your driver's license, United States passport or other document as indicated on page 2 of the application packet. To avoid processing delays please submit the required documentation as part of your application packet.

6. Have your completed and signed application notarized.

7. Georgia law requires applicants for licensure to complete a criminal background check. Please visit the Board's website at www.sos.ga.gov/plb/nursing, click on "Licensure" and view the instructions for completing a criminal background check by fingerprinting.

8. Register with Pearson Vue for NCLEX using the name provided on the application for licensure and your nursing education program transcripts. Your registration name must match your government issued identification or you will not be allowed to write the exam.

9. If you have a documented disability and require an accommodation under the Americans with Disabilities Act, please visit the Board's website at www.sos.ga.gov/plb/nursing, click on "Application/Form Downloads" and select download the "Request for Accommodation" form. Have your health care provider complete and submit that form with the required documentation using the instructions contained on the form. Please note, accommodation requests must be approved prior to scheduling your test date.

10. Submit your completed application to the Georgia Board of Nursing for processing. Applications are processed in the order in which they are received. To avoid processing delays please be sure to include all required documentation with your application packet. Applications are valid for one year from the date of submission. When mailing your application please use a 9x12 envelope and do not fold or staple any of the documents.

You must not engage in registered nursing practice in Georgia until you are licensed by the Georgia Board of Nursing. Any person practicing or offering to practice nursing or using the title "registered professional nurse," as defined in O.C.G.A. §§ 43-26-1 et.seq. within the State of Georgia, shall be licensed as provided in O.C.G.A. §§ 43-26-1 et.seq.

Georgia Board of Nursing

237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825 www.sos.ga.gov/plb/nursing

Application for Licensure
By Repeat Examination as a Registered Nurse
Non Refundable Application Fee: $40.00

Date Entered _____
Receipt # _____
Submitted $ _____
Certificate # _____
Date Issued _____

Demographic Information Please Print Legibly or Type all Information		
Last Name:	First Name:	
Middle Name:	Previous Name(s):	
Social Security Number:	Date of Birth:	
Gender: ❒ Male ❒ Female	Email:	
Physical Address Information – Applicants must provide a physical address of record. A post office box is not acceptable for this field.		
Physical Address:		
City:	State:	Zip:
Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a license, your mailing address and license number are public information and will appear on the Board's website. A post office box may be used for this field.		
Mailing Address:		
City:	State:	Zip
Phone:	Alternate Phone:	

Nursing Education Information To be considered for licensure, your nursing education program must meet the requirements of O.C.G.A. §43-26-3(1.2).			
Name of Basic Nursing Education Program:			
Location of Basic Nursing Education Program:	City:	State:	Zip:
Date of Graduation:	Degree Awarded: ❒ Diploma ❒ Associate Degree ❒ Baccalaureate Degree ❒ Master's Degree ❒ Other		

Have you previously applied to take NCLEX in this or any other state? ❒ No ❒ Yes
If yes, please list the state in which you applied and the date of examination:

State	Date	State	Date

If you have previously been authorized to take NCLEX in another state or jurisdiction why are you seeking licensure by examination in Georgia? _____

_____

Criminal and Disciplinary Information

Failure to reveal an offense, arrest, ticket, or citation may subject your license to a disciplinary order and fine.

Have you ever been arrested? ❒ No ❒ Yes

Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and 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.

Has any licensing authority in Georgia or any other jurisdiction ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ❒ No ❒ Yes

Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug? ❒ No ❒ Yes

Are you currently under investigation or is a disciplinary action pending against your nursing license or any other license or certification you hold in any state or territory of the United States? ? ❒ No ❒ Yes

Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? ❒ No ❒ Yes

Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion? ❒ No ❒ Yes

Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of nursing? ❒ No ❒ Yes

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Citizenship and Immigration Information

Georgia law requires applicants to submit a copy of your Secure and Verifiable Document. This includes a copy of your driver's license, United States Passport or a copy of your current immigration document(s) which includes your alien identification number, I-94 number and SEVIS ID if required.

A complete 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. This list may be found on the Board's website at this address: http://sos.ga.gov/admin/files/svd2013.pdf

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 Board of Nursing 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 lawful document.

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.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure. In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Nursing and/or criminal prosecution.

_____ _____

Printed Name of Applicant Date

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Applicant Signature

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

_____ _____

Signature of Notary Public Commission Expiration Date

- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -

Application Checklist

To ensure that your application is complete, please use the following checklist:

Enclose a check or money order payable to the Georgia Board of Nursing in the amount of $40.00. Remember—application fees are nonrefundable.

Enclose secure and verifiable documentation of United States citizenship or legal immigration status.

Register and complete your criminal background check with Cogent Systems.

Submit your completed application to:

Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217
844-753-7825
www.sos.ga.gov/plb/nursing

You may check your application status by visiting the Board's website at www.sos.ga.gov/plb/nursing and click on "Application Status."

GEORGIA BOARD OF NURSING
237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825
www.sos.ga.gov/plb/nursing

Criminal Background Consent Form		
Last Name:	First Name:	
Middle Name:	Previous Name(s):	
Social Security Number:	Date of Birth:	
Gender: ❒ Male ❒ Female	Race:	
Physical Address:		
City:	State:	Zip:

I hereby authorize the Georgia Board of Nursing ("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. I give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

_____ _____

Applicant Signature Date