



Georgia Board of Nursing
Professional Licensing Boards Division
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Web Site: www.sos.state.ga.us/plb/rn

**Information Sheet for Licensure by Exam for
International Graduates who have previously been made
eligible for NCLEX-RN by the Georgia Board of Nursing
Registered Professional Nurse**

Cathy Cox
SECRETARY OF STATE

Mollie Fleeman
DIVISION DIRECTOR

Sandy Bond
EXECUTIVE DIRECTOR

RN Application for Licensure by Exam-Repeat International : General Information

The following instructions are provided to assist you in completing your application for licensure by exam (NCLEX). Read all instructions carefully and respond to each question on your application. A question that is not applicable should be responded to as N/A. For assistance, phone (478) 207-1640.

You are responsible for ensuring that all information required to apply for licensure by examination is received by Georgia Board of Nursing (the "Board"). Assistance with the application process by any third party will in no way lessen your responsibility. Failure to follow procedures may delay your eligibility to take the NCLEX-RN (National Council Licensure Examination for Registered Nurses).

Application Instructions

Line 1. Legal Name: You must always use the same form of your name. Do not change the spelling and do not change the order of your names unless you provide the Board with the necessary legal documents. Use the same form of your name on your licensure application to the Board of Nursing, and on your NCLEX examination registration form. Your Picture Identification that you will present at the test center must match the name on your licensure application.

Line 2. Social Security Number: If you have obtained a social security number, you must provide this information is required pursuant to OCGA 19-11-1 and OCGA 20-3-295. (Student Loan Default and Child Support Laws). If you have not, please provide the social security number to the Georgia Board of Nursing as soon as you have obtained it.

Line 8. Other Names Previously Used: Indicate **every name** you have used on official documents since birth other than the one under which you are now applying.

Line 10. Board Disciplinary Actions/Legal Convictions: If you must respond "yes" to Question 12(A) through (D) include the certified copies in an envelope sealed by the court or agency involved with the application. Be sure to include the notarized explanation of each offense with the application.

NOTE: Georgia Repeat Writers need not resubmit any documents or letters previously reviewed by the Board.

APPLICATION FEE

The **non-refundable** application fee of \$40.00 (US funds)(certified check, cashier's check or money order) must be made payable to: Georgia Board of Nursing. Mail your application with the fee to the above address.

DISABILITY

If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES. Please be aware that this request may extend the application process for an additional 40-60 days to obtain the necessary approvals.

TEMPORARY PERMITS

You must not engage in any "licensed" activities or work in any position that requires RN licensure or commence orientation for any position that requires RN licensure in Georgia until you have received your RN license. Graduate Nurse status is not available.

NCLEX-RN REGISTRATION

In addition to applying for licensure to Georgia Board of Nursing, you must register and pay the examination fee to the testing service for each time you take the examination. See enclosed NCLEX-RN Candidate Bulletin, or you may link to the Candidate Bulletin on our web site. Please be sure to enter the correct country code.

EXAMINATION RESULTS

Your examination results will be mailed to the mailing address indicated on your application. Notify us immediately in writing if you have an address change or name change. The name change requires legal documents. **NO EXAMINATION RESULTS WILL BE GIVEN BY TELEPHONE FROM GEORGIA BOARD OF NURSING.** However you may obtain unofficial results by retention of your Authorization to Test, and calling their results line. A passing score does not ensure licensure.

TO RE-APPLY

If you do not pass the NCLEX-RN, you may contact the Georgia Board of Nursing at (478) 207-1640 for a new application or access the web site for a new Application for Licensure by Exam for International Graduates - Repeat to reapply.

TIME LIMIT ON PASSING NCLEX-RN

You must pass the NCLEX-RN within a three (3) year period from the date of your graduation (graduates of U.S. nursing education programs) or from your date of eligibility (graduates of

international nursing education programs). For further information, contact the Board office.

LICENSURE

When you pass the NCLEX-RN and are approved for licensure, you will be issued a wallet-sized pocket card/license. The license will display your permanent Georgia registration number that is preceded by the letter "RN". This number must be used on all correspondence addressed to the Board and will not change during one's lifetime.

RENEWAL

Note the date your license will expire upon receipt. A renewal notice/application will be mailed to your last known address prior to the expiration of your license. Failure to receive a renewal notice will in no way relieve your legal obligation to renew your license prior to the expiration date.

All licenses issued within 90 days of the current expiration will be issued licenses that have an expiration date at least two years in the future. NOTE: Any licenses issued prior to 90 days from the expiration date will only be issued a license with the current expiration date.

PREVIOUS APPLICATION INFORMATION

11. Have you ever previously applied to take a licensing examination to become a registered nurse in this or any other state/territory? ø No ø Yes

If Yes, in which state(s) have you taken the National Council Licensure Examination (NCLEX-RN)? Use additional sheets of paper if needed. Record your name and SSN (if available) on each additional sheet of paper.

State	Date	State	Date

PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION

12. Board Disciplinary Actions/Legal Convictions: Answer **BOTH** Questions:

NOTE: Repeat Writers do not have to submit any documents or correspondence previously submitted to the “Board”

A. Have you ever been arrested, convicted, sentenced, pled guilty, or plead nolo contendere or been given first offender status for any felony, a crime involving moral turpitude, or a crime violating a federal law involving controlled substances or dangerous drugs or a DUI or DWI?
No Yes •

If you answered “yes” to any of the above, please provide a notarized explanation of each offense and provide certified copies of the final court disposition. (If the court documents come with your application and not directly from the court, they must be received in our office in an envelope sealed by the court) For any criminal offense, explanation should include offense charged, plea, final disposition, and the name of the court, state or county/jurisdiction. (Note: You must respond “yes” if you pleaded and completed probation as a First Offender. A criminal background check may be done.) Your application must be reviewed by the Board and will not be considered complete until the information is received and reviewed.

B. Has any other licensing board or agency in Georgia *or any other state* ever:

- (a) denied your license application, renewal, or reinstatement? No Yes •
- (b) revoked, suspended, restricted, or probated your license? No Yes •
- (c) requested or accepted surrender of your license? No Yes •
- (d) reprimanded, fined, or disciplined you? No Yes •

If you answered “yes” to any of the above, please provide certified copies of the action taken against your license with relevant supporting documents to the Georgia Board of Nursing, 237 Coliseum Drive, Macon, GA 31217. If the documents come with your application, they must be received by our office in an envelope sealed by the Board or agency involved. Include a notarized explanation of each incident with your application. Your application must be reviewed by the Board and will not be considered complete until

the information is received and reviewed. Please provide the name of the agency or board in the space provided.

_____ (name of agency or board)

C. Have you failed to renew a license, certification or registration during an investigation against you by a licensing board or other agency? No **Yes •**

D. Is there any disciplinary action or investigation pending against you by any licensing board, agency, or national certifying organization? No **Yes •**

If you answered "yes" to C or D, please provide a notarized letter of explanation for each incident.

EMPLOYMENT AS A REGISTERED NURSE

13. Have you been employed as a registered nurse for compensation for at least three (3) months or 500 hours within the four (4) years immediately preceding the date of this application? Yes **No •**

If yes, please provide the information requested. No resumes please.

Employer's Name Street Address City / State/Zip	Position Title	RN Position		Dates (month/year)	
		Yes	No	From	To

PASSPORT PHOTO

14. Passport Photograph: Please provide one recent (within the last six (6) months) passport photograph of yourself to fit the space on the right. Show head and shoulders only. Sign the bottom of the photograph. Tape top-side only of passport photograph to the application.

Tape Top Only

2 X 2
Passport Photo

RELEASE OF CONFIDENTIAL APPLICATION INFORMATION

15. I hereby authorize _____
(Individual/Recruiter)

(Address)

to act on my behalf as my agent for the purpose of communicating the status of my application. (This is not required, if not applicable.)

CERTIFICATION BY APPLICANT

16. I hereby certify that I have read the Statutory provisions, and the Rules of the Georgia Board of Nursing available by written request (fee required) or at the Georgia Board of Nursing official web site. Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connections with, my application may be cause for denial or loss of licensure. Georgia Board of Nursing is hereby authorized to request any criminal history record information concerning me from any state or local criminal justice agency.

Date Application Submitted

Signature of Applicant

Mail this form and fee to: Professional Licensing Boards Division, Georgia Board

of Nursing, 237 Coliseum Drive, Macon, GA 31217. **DO NOT SEND CASH.** Make certified check or money order (US funds) payable to the Georgia Board of Nursing.

Have you...

- Enclosed a \$40.00 **non-refundable** application fee. (U.S. Funds)
- Have you paid the fee and registered with the testing service for **this NCLEX-RN examination? If not, do so promptly.**
- Is the name you registered with the test service exactly as you have listed it on your licensure examination application?**
- Answered every questions or indicated "Not Applicable"?
- Included all your previous names ever used?**
- Have you determined that you have remained eligible (i.e. three (3) years from the date you were made eligible for the first time to take the NCLEX-RN in any state or territory)?**