

Georgia Board of Examiners of Licensed Practical Nurses Licensure By Endorsement as a Practical 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 Professional Licensing Boards in the amount of \$75.00. Please note that application fees are non-refundable. Applications are valid for one year from the date of receipt.
3. Submit verifications of licensure for your original state of licensure and a current state of licensure. If your license in your original state of licensure is current you are only required to submit verification from that state. Some states utilize Nursys.com for verification purposes. If your state provides verifications of licensure through Nursys.com please visit www.nursys.com and request that the verification be made available to the Georgia Board of Examiners of Licensed Practical Nurses. To avoid processing delays please submit paper verifications of licensure as part of your application packet.
4. Submit official transcripts from your nursing education program which led to initial licensure. To avoid processing delays please submit your transcripts as part of your application packet.

All applicants who have obtained their nursing education outside of the U.S. may be requested to provide a Professional Report from the Commission on Graduates of Foreign Nursing Schools' (CGFNS) Credentials Evaluation Service (CES) to be sent directly to the Board office. You may contact CGFNS at www.cgfns.org.

Georgia law requires applicants for licensure by endorsement to have graduated from an approved nursing education program which meets requirements similar to and not less stringent than requirements for practical nursing education programs in Georgia [O.C.G.A. §43-26-32(1.1)]. Georgia currently requires practical nursing education programs to be comprised of at least 685 clock hours of theoretical training and 485 clock hours of clinical training. If you have practiced less than three years as a practical nurse you must complete and submit the Calculation of Clock Hours Form included in this application packet. Applicants who have practiced for three years or more are not required to complete the Calculation of Clock Hours Form.

5. Board rule 400-2-.04 requires applicants for licensure by endorsement to document one of the following: 1) Five hundred (500) hours of practice as a practical nurse (based on the definition of the "Practice of Licensed Practical Nursing" found in O.C.G.A. §43-26-32) within the five years preceding the date of this application; or 2) Completion of a Georgia Board approved reentry program within the five years preceding the date of this application. Have your employer complete the attached "Verification of Employment Form" to provide documentation of active practice within the five years preceding the date of this application. To avoid processing delays please submit verifications of employment as part of your application packet. Applicants who graduated from an approved nursing education program within one year of the date of this application and applicants who have been initially licensed within one year of the date of this application are not required to meet the active practice requirements.
6. 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.
7. 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 12 of the application packet. To avoid processing delays please submit the required documentation as part of your application packet.
8. Have your completed and signed application notarized.
9. Georgia law requires applicants for licensure to complete a criminal background check. Please visit the Board's website at www.sos.ga.gov/plb/lpn, click on "Application Downloads" and view the instructions for completing a criminal background check by fingerprinting. Please note that the ORI/OAC for the Georgia Board of Nursing is GA922992Z.
10. Submit your completed application to the Professional Licensing Boards 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 the practice of practical nursing in Georgia until you are licensed by the Georgia Board of Examiners of Licensed Practical Nurses. Any person practicing or offering to practice nursing or using the title "licensed practical nurse," as defined in O.C.G.A. §§ 43-26-32 et.seq. within the State of Georgia, shall be licensed as provided in O.C.G.A. §§ 43-26-32 et.seq.

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 • Macon, Georgia 31217 • (478) 207-2440

www.sos.ga.gov/plb/lpn

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A PRACTICAL NURSE

Application Fee \$75.00 (non-refundable)

1. Legal Name to appear on License:

_____ LAST FIRST MIDDLE MAIDEN

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

_____ LAST FIRST MIDDLE MAIDEN

3. Social Security #*:

□□□□ - □□□□ - □□□□

Date of Birth:

□□□□ - □□□□ - □□□□□□

4. Gender: Male

Female

5. Residential (Physical) Address:

NUMBER AND STREET (P.O. BOX NOT ACCEPTABLE)

APT #

_____ CITY STATE ZIP

6. Mailing Address*:

NUMBER AND STREET (P.O. BOX 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 Secretary of State's website.

7. Daytime Phone #:

□□□□ - □□□□ - □□□□□□

Evening Phone #:

□□□□ - □□□□ - □□□□□□

8. E-mail Address: _____ Fax Number: _____

9. Please list the state or jurisdiction where you were initially licensed as a practical nurse:: _____

10. Please list a state or jurisdiction in which you are currently licensed as a practical nurse: _____

The applicant is responsible for contacting the state of original and current LPN licensure for verifications. The applicant must provide verifications directly from the other boards.

11. Did you provide any verifications of licensure through Nursys.com? No Yes

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

GENERAL EDUCATION INFORMATION

12. Have you graduated from high school or obtained a general education diploma (G.E.D.)? No Yes

NURSING EDUCATION INFORMATION

Name of School	City /State/Zip Code or Country

Date of Graduation: _____

Submit official transcripts verifying your enrollment/graduation date from your nursing education program. To be considered for licensure, your nursing education program must meet the requirements of O.C.G.A. §43-26-32(1.1). This information can be found by visiting our website at www.sos.ga.gov/plb/lpn.

ACTIVE PRACTICE REQUIREMENT

13. Board rule 400-2-.04 requires that applicants document one of the following:

A. I have graduated from a nursing education program within one year preceding the date of this application: No Yes

B. I was licensed by examination within one year preceding the date of this application: No Yes

C. I have practiced as a practical nurse (based on the definition of the “Practice of Licensed Practical Nursing” found in O.C.G.A. §43-26-32) at least five hundred (500) hours within the five years preceding the date of this application and have provided the employment information on the grid below: No Yes

Employer’s Name/Address	Actual Workplace Location Facility Name/City/State	Position Title	Is LPN Licensure Required?	Approximate Calculation of Hours Worked	Dates From - To (mo/yr)-(mo/yr)
A.					
B.					
C.					

A completed verification of employment form must be submitted for each employer listed on this grid

Any applicant practicing as a practical nurse in Georgia without licensure will be subject to Board review. The Board requires a personal, detailed, letter of explanation and detailed employment information from the employer’s HR department for any LPN practice in Georgia without a valid license.

Applicants who cannot document one of the above requirements will be required to complete a Board approved reentry program. Information and guidelines regarding reentry may be found at the Board’s website under “Application Downloads.”

PREVIOUS DISCIPLINARY AND CRIMINAL ARREST INFORMATION

14. Board Disciplinary Actions/Legal Convictions: (Answer ALL Questions)

- A.** 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.**

No Yes

If “yes,” please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

- B.** Have you undergone treatment for any substance use within the last five years? No Yes

If “Yes,” submit a personal letter of explanation regarding the incident. Also include all information relevant but not limited to your diagnosis, prognosis, psychosocial history, treatment recommendations, drug screen results and discharge summary. You must pay any cost associated with the production of the documentation.

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

- | | | |
|---|-----------------------------|------------------------------|
| (a) Denied your application for licensure, renewal, or reinstatement? | <input type="checkbox"/> No | Yes <input type="checkbox"/> |
| (b) Revoked, suspended, restricted, sanctioned, or probated your license? | <input type="checkbox"/> No | Yes <input type="checkbox"/> |
| (c) Requested or accepted surrender of your license? | <input type="checkbox"/> No | Yes <input type="checkbox"/> |
| (d) Reprimanded, fined, or disciplined you? | <input type="checkbox"/> No | Yes <input type="checkbox"/> |

If “yes,” please include a certified copy of that board or agency’s action against your license with relevant supporting documents from the board or agency with your application. Also include a personal letter of explanation regarding each incident.

Provide the name of the agency or board in the space provided.

Name of agency or board

NOTARIZED SIGNATURE BY APPLICANT

15. 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 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 document as indicated on page 9 of the application packet.**
- 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 State Board of Nursing and/or criminal prosecution.

Date Signed

Signature of Applicant

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

(Signature of Notary Public)

My Commission Expires: _____

Have you...

- Enclosed a \$75.00 non-refundable application fee for LPN licensure?
- Provided verification of licensure?
- Provided nursing education transcripts?
- Provided employment information?
- Answered each question?
- Provided secure and verifiable documentation regarding United States citizenship?
- Have you registered with Cogent Systems for a criminal background check?

Mail to:

Georgia Board of Examiners
of Licensed Practical Nurses
237 Coliseum Drive
Macon, Georgia 31217

GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

237 Coliseum Drive
Macon, Georgia 31217

VERIFICATION OF EMPLOYMENT FOR APPLICANTS FOR LICENSURE BY ENDORSEMENT

Instructions:

1. Applicant: Only Complete and Sign Section I.
2. Submit this form to your employer to verify the numbers of hours worked. List all employment (Personnel Director, Human Resources Department) that can provide verification. Ask the employer to complete this form and place it in a sealed envelope for you to submit with your application.

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

Applicant's 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):

Instructions:

1. Complete Section II of this form.
2. **You must respond to all questions or this form will not be accepted by the Board office.**
3. Employment must have been for compensation.
4. Each title held with one employer requires a separate verification form completed.
5. 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 a qualification/requirement for employment in this position? No Yes

5. Identify the actual physical location where the employee practiced to include facility name, city/state if different than # 2 above or indicate same as above:

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

Were there any periods of extended absence during employment? No Yes If "yes" please provide dates: _____

Georgia Board of Examiners of Licensed Practical Nurses

Calculation of Clock Hours Packet

Georgia law requires applicants for licensure by endorsement to have graduated from an approved nursing education program which meets requirements similar to and not less stringent than requirements for practical nursing education programs in Georgia [O.C.G.A. §43-26-32(1.1)]. Georgia currently requires practical nursing education programs to be comprised of at least 685 clock hours of theoretical training and 485 clock hours of clinical training. If you have practiced less than three years as a practical nurse you must complete and submit the Calculation of Clock Hours Form included in this application packet. Applicants who have practiced for three years or more are not required to complete the Calculation of Clock Hours Form.

Applicants whose nursing education programs were comprised of less than 685 clock hours of theoretical training and 485 clock hours of clinical training may be required to complete additional training before licensure will be granted in Georgia.

Please use the following instructions to complete the Calculation of Clock Hours Form to ensure your application packet is reviewed as quickly as possible.

Courses and Clinical Experience From the Following Areas May Be Considered Please note that a passing grade must have been received in any course in order for hours to be credited towards clock hour requirements.	
Theory Content	Clinical Content
Theory hours may include classroom activities such as lectures, group discussions, classroom procedure demonstrations or return demonstrations performed in the nursing lab. Lab hours should be counted towards either clinical or theory clock hours.	Clinical hours may include all hours spent in patient care and in clinical pre and post patient care conferences.
Anatomy and Physiology	Medical Nursing
Nutrition and Diet Therapy	Surgical Nursing
Drug Calculations and Administration	Maternal/Infant Nursing
Pharmacology	Pediatric Nursing
Personal and Professional Relationships	Mental Health/Illness
Nursing Fundamentals	Geriatric Nursing
Medical Nursing	Medication Administration
Surgical Nursing	Other appropriate and related experiences
Maternal/Infant Nursing	
Pediatric Nursing	
Mental Health/Illness	
Additional content hours may be obtained in the following course areas: English, Math, Psychology, Sociology, Microbiology, Chemistry, Medical Terminology, Computer Science or NCLEX-PN Preparation	
Because course acronym and title may not be self-explanatory, please state the content area for each theoretical and or clinical course. Please indicate content areas per course if curriculum is integrated for theory and/or clinical.	

Please use the following formulas to complete the Calculation of Clock Hours Form:

Theory Hours – The number of hours per classroom session multiplied by the number of classroom sessions per week multiplied by the number of weeks in the semester or quarter.

Clinical Hours – The number of hours per clinical experience day multiplied by the number of clinical experience days per week multiplied by the number of weeks in the semester or quarter.

Course	Hours Per Class, Lab or Clinical	Classes Per Week	Number of Weeks	Total
Nutrition	1	3	10	30
Anatomy / Physiology	1 (lecture)	3	10	30
	4 (classroom lab)	1	10	40
Nursing Fundamentals	2 (class)	1	10	20
	2 (classroom lab)	2	5	20
	8 (clinical)	3	8	192
				222
Summary of Courses	Theory (Classroom and Lab)	Clinical (Patient Care and Conferences)		
Nutrition	30	0		
Anatomy/Physiology	30 and 40	0		
Fundamentals	+ 20 and 20	+ 192		
	80 + 60 = 140	192		

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

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)]



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

CONSENT FORM

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.

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