Instructions for Submitting RN Reentry Application

An applicant for licensure by endorsement, reinstatement, or exam-international that has not provided documentation of at least five hundred (500) hours of licensed practice as a registered nurse or graduation from an approved nursing education program as defined in O.C.G.A. §43-26-3(1.2), within four years preceding the date of application, must complete a Board approved reentry program before licensure.

A Board-approved reentry program consists of forty (40) contact hours of didactic study, one hundred sixty (160) hours of clinical study, current health care provider CPR certification, and successful completion of the Georgia Registered Nurse Jurisprudence Examination. Applicants may satisfy the reentry requirement through one of the two options: 1- Enrollment in a Board-approved Reentry Program offered through a nursing education program listed on the Board's Approved Reentry Program document; or 2 - Submission of an individualized reentry proposal developed by the applicant and the applicant's reentry coordinator/sponsor. Applicants must receive prior approval from the Board before beginning a reentry program.

1. Applicants must have an active application for licensure on file with the Board at the time a reentry proposal is submitted.
2. Applicants must enroll in a Board-approved reentry program or submit an individualized reentry proposal for Board approval before completing any reentry requirements. A list of Board-approved reentry programs is available at the following link: Board Approved Reentry Programs.
3. The reentry program coordinator/sponsor must submit the Reentry Application (Form A), all required supporting documentation, and proof of current health care provider cardiopulmonary resuscitation (CPR) certification for Board approval. Documentation may be submitted electronically to nursing@sos.ga.gov. Once approved by the Board, a temporary permit (valid for six months) will be issued to allow the applicant to complete the clinical component of the reentry program. A reentry program must be coordinated by a registered nurse licensed in good standing with the Georgia Board of Nursing who has had at least two (2) years of experience in direct patient nursing practice as a registered nurse or other licensed practitioner as approved by the Board.
4. A reentry program must be approved by the Board and a temporary permit issued to the applicant before the start of the clinical component.
5. A reentry proposal must include a detailed plan for completion of the didactic and clinical components, including the following:
    1. Course objectives, content outline, and time allocation;
    2. Didactic and clinical learning experiences, including teaching methodologies;
    3. A plan for evaluating competencies and the applicant's ability to practice nursing with reasonable skill and safety;
    4. A list of all instructors or preceptors, including their functions and teaching roles;
    5. A projected schedule for completion of the clinical component; and
    6. Documentation demonstrating the availability of appropriate clinical resources and support for the required experiences.

40 Hours of Didactic Study	160 Hours of Clinical Study
Didactic study courses must be selected from Board approved continuing competency providers and must include the following areas of study: 1. Physician Orders 2. Medication Administration 3. Intravenous (IV) Therapy 4. Respiratory Care 5. Physical Assessment 6. Documentation	Clinical study must include the following areas of practice: 1. Functions of the registered nurse as defined in O.C.G.A. §43-26-3(6) and (8); 2. Instruction in and opportunities to demonstrate ability to safely practice nursing and knowledge in caring for clients;
Applicants must provide a certificate of completion of the Georgia Registered Nurse Jurisprudence Examination. It is recommended that applicants review the Nurse Practice Act, Board Rules, and the Scope of Practice Decision Tree before starting the examination. The examination can be accessed at Georgia Registered Nurse (RN) Jurisprudence Examination - Meridians | NCSBN Learning Hub	

6. Upon completion of the reentry program, the reentry coordinator must complete and submit Form B. Additionally, each preceptor participating in the reentry plan must complete and submit Form C. All required documentation, including Forms B and C and the Georgia Registered Nurse Jurisprudence Examination Certificate of Completion, must be submitted electronically to nursing@sos.ga.gov.

Georgia Board of Nursing
3920 Arkwright Rd
Suite 195
Macon, Georgia 31210
(404) 424-9966
https://sos.ga.gov/georgia-board-nursing

Form A - Reentry Application		
Applicant Last Name:	Applicant First Name:	
Applicant Middle Name:	Date of Birth:	GBON Application Number:
Reentry Coordinator Information		
Agency Name:		
Agency Address:		
City/State/Zip:		
Agency Type: ❒ Post-secondary educational institution ❒ Health Care Facility ❒ Other Agency		
Reentry Coordinator Name:		
Reentry Coordinator License Number:	Reentry Coordinator License Expiration Date:	
Reentry Coordinator Years of Experience in Direct Patient Care:		
Preceptor Name:		
Preceptor License Number:	Preceptor License Expiration Date:	
Preceptor Years of Experience in Direct Patient Care:		
Approximate Start Date of Clinical Component:	Approximate End Date of Clinical Component:	

As Reentry Coordinator, I confirm that the applicant will complete forty (40) hours of didactic study and one hundred sixty (160) hours of clinical study, as required by Board Rule 410-4. I understand that, as part of the reentry proposal, I am required to submit an outline for the completion of the didactic and clinical components of the plan.

I understand that a temporary permit will be issued to allow the applicant to complete the clinical component of the reentry program, and that it will not be issued until the required documentation has been submitted and approved by the Board. I understand that the reentry program must be completed within six months and agree to notify the Board if the applicant is unable to complete the plan within the required timeframe.

I attest that I am a registered nurse licensed in good standing with the Georgia Board of Nursing with at least two years of experience in direct patient nursing practice as a registered nurse or other licensed practitioner as approved by the Board.

Reentry Coordinator Signature:	Date:

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Form B - Certification of Completion of Reentry Program		
Applicant Last Name:	Applicant First Name:	
Applicant Middle Name:	Date of Birth:	
GBON Application Number:		
Reentry Coordinator Information		
Reentry Coordinator Name:		
Agency Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Reentry Program Start Date:	Reentry Program Completion Date:	

As Reentry Coordinator, I attest that the applicant has satisfactorily completed forty (40) hours of didactic study, and one hundred sixty (160) hours of clinical study as required by Board Rule 410-4.

Reentry Coordinator Signature:	Date:

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 -

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Form C - Reentry Clinical Certification	
Applicant Last Name:	Applicant First Name:
Applicant Middle Name:	Date of Birth:
GBON Application Number:	
Clinical Facility Name:	
Clinical Facility Address:	
City/State/Zip:	
Preceptor Name:	
Preceptor Phone:	Preceptor Email Address:
Reentry Clinical Start Date:	Reentry Clinical Completion Date:

As Reentry Preceptor, I attest that the applicant has satisfactorily completed one hundred sixty (160) hours of clinical study as required by Board Rule 410-4 and is able to provide nursing care with reasonable skill and safety. This attestation is based on the review of the applicant's clinical skills as observed throughout the reentry program.

Preceptor Signature:	Date:

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 -