

## Georgia Board of Nursing – Licensure By Reinstatement as a Registered Nurse

All applications will be considered for multistate licensure. If granted, the nurse can then engage in nursing practice in any of the Enhanced Nurse Licensure Compact states without having to obtain additional licenses. A list of states participating in the Enhanced Nurse Licensure Compact is available at <https://www.nursecompact.com>. Applicants must meet the following requirements to be considered for a multistate license:

1. Meets Georgia's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;
2. Has graduated from a licensing-board-approved RN or LPN/VN prelicensure education program;

OR

Has graduated from a foreign RN or LPN/VN pre-licensure education program that:

- a. has been approved by the authorized accrediting body in the applicable country and
- b. has been verified by an independent credentials review agency to be comparable to a Board approved nursing education program;

3. Has successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening; if a graduate of a foreign pre-licensure education program not taught in English or if English is not the individual's native language;
4. Has successfully passed an NCLEX-RN® or NCLEX-PN® Examination or State Board Test Pool Examination, as applicable;
5. Holds an active, unencumbered license;
6. Has submitted fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the Georgia Bureau of Investigations;
7. Has not been convicted or found guilty, or entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
8. Has not been convicted or found guilty, or entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
9. Is not currently enrolled in an alternative program;
10. Is subject to self-disclosure requirements regarding current participation in an alternative program;
11. Has a valid United States Social Security number; and
12. Declares Georgia as the primary state of residence.

**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 \$90.00 + \$10.00 processing fee. Please note that fees are non-refundable.
3. To be eligible to obtain a multistate license from the State of Georgia, you must declare Georgia as your primary state of residence. If you do not have a current Georgia mailing address, you must provide a legible, copy of one of the following documents:
  - a. Driver's license with a home address;
  - b. Voter registration card displaying a home address;
  - c. Federal income tax return declaring the primary state of residence;
  - d. Military Form No. 2058 (state of legal residence certificate); and/or
  - e. W2 from US Government or any bureau, division or agency thereof indicating the state of residence.
4. Board rule 410-4-.01 requires applicants for licensure by reinstatement to document one of the following: 1) Graduation from a nursing education program within four years of the date of application; 2) Five hundred (500) hours of practice as a registered nurse (based on the definition of the "Practice of Nursing" found in O.C.G.A. §43-26-3) within the four years preceding the date of this

application and documentation of completion of one of the five competency requirements as set forth in O.C.G.A. §43-26-9 within two years preceding the date of application for reinstatement; or, 3) Completion of a Board approved reentry program as described in Board Rule 410-4-.03. Have your employer complete and notarize the attached "Verification of Employment Form" or submit a copy of your transcripts documenting graduation from an approved nursing education program to provide documentation of active practice within the four years preceding the date of this application. To view information regarding the continuing competency requirements, please visit the Board's website at [www.sos.ga.gov/georgia-board-nursing](http://www.sos.ga.gov/georgia-board-nursing) and view "CE Requirements" under "Resources." All continuing education documentation associated with your application for reinstatement should be submitted directly to the Board at [nursing@sos.ga.gov](mailto:nursing@sos.ga.gov). To avoid processing delays please submit verifications of employment and continuing competency documentation as part of your application packet.

5. The Board requires applicants to disclose all previous arrests, history of treatment for substance abuse or dependence and discipline by other regulatory boards. If you have ever been arrested, received treatment, or been disciplined by any other regulatory board or agency please provide a certified copy of the official documents showing the final disposition or order relevant to the incident as well as a personal, detailed letter of explanation regarding each incident. If you are required to submit treatment information please include all information relevant to your diagnosis, prognosis, treatment plan, practice recommendations and discharge summary. To avoid processing delays please submit all documentation as part of your application packet.

6. 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 3 of the application packet. To avoid processing delays please submit the required documentation as part of your application packet.

7. Have your completed and signed application notarized.

8. Georgia law requires applicants for licensure to complete a criminal background check. Please visit the Board's website at [www.sos.ga.gov/georgia-board-nursing](http://www.sos.ga.gov/georgia-board-nursing) and view the instructions for completing a criminal background check by fingerprinting.

9. Mail 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 sixty (60) days 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  
(404) 424-9966

[www.sos.ga.gov/georgia-board-nursing](http://www.sos.ga.gov/georgia-board-nursing)

**Application for Licensure  
By Reinstatement as a Registered Nurse  
Application Fee \$90.00 + \$10.00 Processing Fee  
Fees Are Nonrefundable**

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

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

### 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: <input type="checkbox"/> Male <input type="checkbox"/> 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:
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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:	

### Declaration of Primary State of Residency

To be considered for a multistate license, Georgia must be your primary state of residency.

I declare Georgia as my primary state of residency and I am providing a Georgia address.  No  Yes

If you do not have a current Georgia mailing address, you must provide one of the documents in the section titled Declaration of Primary State of Residence in the instructions. If Georgia is not your primary state of residence, you are not eligible for a Georgia multistate license.

Do you hold an active enhanced Nurse Licensure Compact multistate license in another state?  No  Yes  
Please note, a nurse may only hold one multistate license. If you currently hold a multistate license in another jurisdiction and you are not changing your primary state of residency to Georgia you should not submit this application.

**Georgia Licensure Information**

Applicants must provide information regarding their original license issued by the Georgia Board of Nursing

Georgia License Number:

Issue Date of Georgia License:

Expiration Date of Georgia License:

**Nursing Education Information**

To ensure that our licensure records contain all information regarding your basic nursing education please complete the section below.

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

Please answer the following questions if your nursing education program was located outside of the United States:

Is English your native language?  No  Yes

Was the program taught in English with English textbooks?  No  Yes

**Active Practice Information**

Board Rule 410-4-.01 requires that applicants document one of the following:

I have graduated from a nursing education program within the four (4) years preceding the date of this application:  No  Yes

I have practiced as a registered nurse (based on the definition of the "Practice of Nursing" found in O.C.G.A. §43-26-3) at least five hundred (500) hours within the four (4) years preceding the date of this application, have provided the employment information on the grid below and have submitted documentation of completion of one of the five competency requirements as set forth in O.C.G.A. §43-26-9 within two years preceding the date of application for reinstatement:  No  Yes

Employer Name and Address	Location (City/State)	Position/Title	Dates of Employment (Month/Year to Month/Year)	RN Licensure Required	Number of Hours Worked

A completed verification of employment form must be submitted for each employer listed on this grid. If your employer uses a third party to verify employment it is the applicant's responsibility to obtain the employment documentation and submit it with the application packet.

Any applicant practicing as a registered nurse 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 human resources department for any registered nursing practice in Georgia without a valid license.

Applicants that have not met the active practice requirement with the previous four years by graduating from a Board approved nursing education program or practicing at least five hundred hours must complete a Board approved reentry program as defined in Board Rule 410-4-.03.

**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

If yes, please submit, with your application, a certified copy of the court records showing the final disposition of all charges and letter of explanation which addresses each charge.

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

**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: [www.sos.ga.gov/georgia-board-nursing](http://www.sos.ga.gov/georgia-board-nursing)

**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

\_\_\_\_\_  
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 \$90.00 + \$10.00 processing fee.

Remember—application fees are nonrefundable.

Enclose a completed verification of employment or official nursing education transcripts (if required).

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

Register for your criminal background check with Gemalto/GAPS.

Mail your completed application to:

Georgia Board of Nursing  
237 Coliseum Drive  
Macon, Georgia 31217  
404-424-9966

[www.sos.ga.gov/georgia-board-nursing](http://www.sos.ga.gov/georgia-board-nursing)

You may check your application status by visiting the Board's website at [www.sos.ga.gov/georgia-board-nursing](http://www.sos.ga.gov/georgia-board-nursing) and click on "Licensing Services" and "Application Status."

**GEORGIA BOARD OF NURSING**

237 Coliseum Drive  
Macon, Georgia 31217

**VERIFICATION OF EMPLOYMENT FOR APPLICANTS FOR LICENSURE BY REINSTATEMENT**

**Section I (To be completed by applicant)**

Submit this form to your employer to verify your employment and the numbers of hours worked. The name and address of your employer on this form must match the name and address you listed under "Employment History" on your application. Ask the employer to complete this form and place it in a sealed envelope for you to submit with your application or submit it by email to [nursing@sos.ga.gov](mailto:nursing@sos.ga.gov).

Last Name:		First Name:	
Physical Address:			
City:		State:	Zip:
Phone:		Email:	
I do hereby consent to and authorize the release of any and all records and information concerning my employment to the Georgia Board of Nursing. I understand this information is required as part of the application for licensure process.			
_____		_____	
Applicant Signature		Date	

**Section II (To be completed by employer)**

Please complete the form in its entirety. Be sure to accurately document the employee's position/title and whether or not licensure as a registered nurse was required. The completed and notarized form may be provided to the applicant or submitted directly to the Georgia Board of Nursing by email to [nursing@sos.ga.gov](mailto:nursing@sos.ga.gov).

Facility/Business/Employer Name:			
Physical Address:			
City:		State:	Zip:
Phone:		Email:	
Employer Information:			
Is this a federal agency of the United States Government? <input type="checkbox"/> No    Yes <input type="checkbox"/>			
Is this an acute care inpatient hospital? <input type="checkbox"/> No    Yes <input type="checkbox"/>			
Is this a long term acute care facility (LTAC)? <input type="checkbox"/> No    Yes <input type="checkbox"/>			
Is this an ambulatory surgical center or obstetrical facility as defined in O.C.G.A. §31-6-2? <input type="checkbox"/> No    Yes <input type="checkbox"/>			
Is this a skilled nursing facility which has at least one hundred (100) beds and provides health care to patients with similar health care needs as those patients in a long term acute care facility? <input type="checkbox"/> No    Yes <input type="checkbox"/>			
Employee's Position/Title:			
Is an RN license a qualification/requirement for employment in this position? <input type="checkbox"/> No    Yes <input type="checkbox"/>			
Is an APRN license or authority a qualification/requirement for employment in this position? <input type="checkbox"/> No    Yes <input type="checkbox"/>			

If different location of the employer listed on the first page, please identify the physical location where the employee practiced  
Facility/Business/Employer Name:

Physical Address:

City:

State:

Zip:

Phone:

Email:

Dates of Employment:

Employed From \_\_\_\_\_ (Month/Year) to \_\_\_\_\_ (Month/Year)

Were there any periods of extended absence during employment?  No  Yes

If yes, please provide dates" \_\_\_\_\_ (Month/Year) to \_\_\_\_\_ (Month/Year)

Please complete the grid below:

Year	Hours Worked	Job Title/Description

Name and title of individual verifying employment information:

I hereby certify that I am the custodian of records at the facility listed on this form and the information submitted on this form are true and correct statements of this applicant's employment with our facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expiration Date





## Office of the Secretary of State

### Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia Board of Nursing to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.  
Agency / Board / Company

Full Name (print)			
↑ Address ↑		↑ City ↑	↑ State ↑
↑ Date of Birth ↑	↑ Social Security Number ↑		↑ Race ↑
		↑ Sex ↑	
			↑ Zip ↑

Please check **ONLY** one of the boxes listed below:

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator Initials / Requestor: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_