

## Georgia Board of Nursing – NLC Conversion Application for Existing Georgia Licensees

Registered Nurses and Licensed Practical Nurses who hold an active Georgia license and meet certain requirements are eligible to apply for multistate licensure. Once the Board grants the multistate license, 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 Nurse Licensure Compact is available at <https://www.nursecompact.com>.

Do not submit this application unless your Georgia license is active and unencumbered, and you declare Georgia as your primary state of residence; otherwise, Board staff will not proceed with review of your application and your application fee will not be refunded.

Not all nurses will be eligible for a multistate license. In order to be eligible, the nurse must submit an application, pay a fee, submit fingerprints for a federal criminal background check, and meet the requirements listed in the following section.

Records submitted at the time you were licensed may no longer be available for review by Board staff. Therefore, to determine whether you meet the requirements for the multistate license, Board staff may request additional information. In some cases, this will include but not be limited to: an official transcript; verification of international education by an independent credentials review agency; English proficiency examination results; or licensure verification information from another jurisdiction. **Only submit an application if you meet all requirements listed below – application fees are non-refundable.**

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 \$50.00 + \$10.00 processing fee. Please remember 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. 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/georgia-board-nursing](http://www.sos.ga.gov/georgia-board-nursing), and view the instructions for completing a criminal background check by fingerprinting.
8. 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.



# 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 Multistate Conversion for Existing Licensees Application Fee \$50.00 + \$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).

### Georgia Licensure Information

Please Print Legibly or Type all Information

Georgia License Number:

### Demographic 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 an 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.

**Nursing Education Information**

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

**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

**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 \$50.00 + \$10.00 processing fee. Remeber- fees are nonrefundable.
- 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."



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.

Form with fields for Full Name (print), Address, City, State, Zip, Date of Birth, Social Security Number, Sex, and Race.

Please check ONLY one of the boxes listed below:

- Two checkboxes for authorization validity and consent to periodic criminal history background checks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

AREA BELOW IS FOR AGENCY USE ONLY

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

Purpose Code Used: (check one)

Table with categories: NON-CRIMINAL JUSTICE PURPOSES (E, M, N, W, P, F), PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) (U), and CRIMINAL JUSTICE (J, Z).

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

Table with options: No Criminal Record Available, Criminal Record (Attached/Released), No NCIC/GCIC Warrant, Possible NCIC/GCIC Warrant (List Wanting Agency Below).

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

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

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