Instructions for Submitting APRN Reentry Application

An applicant for licensure as an advanced practice registered nurse ("APRN") that has not provided documentation of at least five hundred (500) hours of practice as an APRN or graduation from an approved APRN education program as defined in O.C.G.A. §43-26-3(1.2) within four (4) years of the date of application must complete a Board approved reentry program before licensure.

A Board-approved reentry program is comprised of forty (40) contact hours of didactic study and one hundred sixty (160) hours of clinical study, current health care provider cardiopulmonary resuscitation (CPR) certification, and completion of the Georgia Registered Nurse Jurisprudence Examination. The Board may waive the forty (40) hours of didactic study if the applicant has passed a Board-approved certification exam within the four years preceding the date of the application. Applicants must submit a personalized reentry proposal created by the applicant and their reentry coordinator for approval by the Board before completing the reentry program.

1. Applicants must have an active registered nursing license in Georgia and an application for APRN licensure on file when submitting a reentry proposal.
2. Applicants and their reentry coordinator should locate an appropriate clinical reentry site.
3. Applicants should have the reentry program coordinator submit the Reentry Application (Form A) for approval by the Board. Documentation may be submitted 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 licensed APRN who is in good standing with the Georgia Board of Nursing, practicing in the population of the reentry candidate's certification, who has had at least two (2) years of experience in direct patient nursing practice as an APRN, or other licensed practitioner as approved by the Board.
4. A reentry plan must include an outline for the completion of the didactic and clinical components of the plan, which contain the following:
   a. Course objectives, content outline, and time allocation
   b. Didactic and clinical learning experiences, including teaching methodologies;
   c. Plan for evaluation of competencies and ability to practice nursing with reasonable skill and safety;
   d. List of all instructors or preceptors and their functions and teaching roles;
   e. Projected schedule for the clinical component; and
   f. Evidence of clinical resources that document support and availability for 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. Common Medical-Surgical Conditions 2. Management of Common Nursing Problems Associated with Common Medical-Surgical Conditions 3. Mental Health Principles Associated with Management of Nursing Problems	Clinical study must include the following areas of practice: 1. Functions of the APRN as defined in Board Rules 410-11 2. Instruction in and opportunities to demonstrate the ability to safely practice nursing and knowledge in caring for clients
The Board may waive the forty (40) hours of didactic study if the applicant has passed a Board-approved certification exam within the four years preceding the date of application.	
• 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 Jurisprudence - Georgia RN - Nurse Practice Acts	

5. Upon completion of the reentry program, applicants should request that the reentry program coordinator complete Form B. Additionally, each preceptor utilized in the reentry plan must complete and submit Form C. All documentation (Forms B, C, and Jurisprudence certificate of completion) should be submitted 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 agree 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 the temporary permit 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 licensed advanced practice registered nurse and in good standing with the Georgia Board of Nursing, practicing in the role and population of the reentry candidate's certification, and have at least two (2) years of experience in direct patient nursing practice as an advanced practice 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:	

Select Only One Option:

☐ 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.

☐ As Reentry Coordinator, I attest that the applicant has waived the forty (40) hours of didactic study due to passing a Board-approved certification exam within the four years preceding the date of application and completed 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 -