

## Instructions for Submitting RN Reentry Proposal

An applicant for licensure by endorsement or reinstatement that has not provided documentation of at least five hundred (500) hours of 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 of the date of application must complete a Board approved reentry program prior to licensure.

A Board-approved reentry program is comprised of forty (40) contact hours of didactic study, one hundred and sixty (160) hours of clinical study, and completion of the Georgia Registered Nurse Jurisprudence Examination. Applicants must submit a reentry proposal for approval by the Board prior to completing the reentry program. Applicants may submit a personalized proposal created by the applicant and his or her reentry sponsor or the applicant may submit a proposal from an established reentry program based in an approved nursing education program.

1. Applicants must have an active application for licensure on file when submitting a reentry proposal.
2. Applicants should locate an appropriate reentry site. Applicants may select an established reentry program based on a Board approved nursing education program or propose a reentry plan using a personalized site and reentry coordinator. A list of facilities that have previously offered reentry programs is available on the Board's website under "Application/Form Downloads." Please note, applicants are not required to select one of the previously approved facilities.
3. Applicants should have the reentry program coordinator submit the Reentry Application (Form A) and all required documentation for approval by the Board. Documentation may be submitted to [nursing@sos.ga.gov](mailto: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 experience in direct patient nursing practice as a registered nurse 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 contains the following:
  1. Course objectives, content outline, and time allocation;
  2. Didactic and clinical learning experiences including teaching methodologies;
  3. Plan for evaluation of competencies and ability to practice nursing with reasonable skill and safety;
  4. List of all instructors or preceptors and their functions and teaching roles;
  5. Projected schedule for the clinical component; and
  6. Evidence of clinical resources that documents 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: <ol style="list-style-type: none"><li>1. Physician Orders</li><li>2. Medication Administration</li><li>3. Intravenous (IV) Therapy</li><li>4. Respiratory Care</li><li>5. Physical Assessment</li><li>6. Documentation</li></ol>	Clinical study must include the following areas of practice: <ol style="list-style-type: none"><li>1. Functions of the registered nurse as defined in O.C.G.A. §43-26-3(6) and (8);</li><li>2. Instruction in and opportunities to demonstrate ability to safely practice nursing and knowledge in caring for clients;</li></ol>
<ul style="list-style-type: none"><li>• 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 <a href="http://icrsncsbn.org">Jurisprudence - Georgia RN - Nurse Practice Acts (icrsncsbn.org)</a>.</li><li>• Applicants must also provide evidence of current health care provider cardiopulmonary resuscitation (CPR) certification.</li></ul>	

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 and C) should be submitted to [nursing@sos.ga.gov](mailto: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>

Reentry Application – Form A			
Applicant Last Name:		Applicant First Name:	
Applicant Middle Name:	Date of Birth:	GBON Application Number:	
Reentry Coordinator Information			
Agency Name:			
Agency Type:	<input type="checkbox"/> Acute Care Inpatient Hospital	<input type="checkbox"/> Long Term Acute Care Facility	<input type="checkbox"/> Physician Office
	<input type="checkbox"/> Public Health Department	<input type="checkbox"/> Nursing Education Program	<input type="checkbox"/> Other
Reentry Coordinator Name:			
License Number:		License Expiration Date:	
Address:			
City:		State:	Zip:
Phone:		Email:	
Preceptor Name:		Preceptor License Number:	
Start Date of Clinical Component:		End Date of Clinical Component:	

As Reentry Coordinator, I agree that the applicant will complete forty (40) hours of didactic study and one hundred and 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 which contains the following:

1. Course objectives, content outline and time allocation;
2. Didactic and clinical learning experiences including teaching methodologies;
3. Plan for evaluation of competencies and ability to practice nursing with reasonable skill and safety;
4. List of all instructors or preceptors and their functions and teaching roles;
5. Projected schedule for the clinical component; and
6. Evidence of clinical resources that documents support and availability for required experiences.

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.

Reentry Coordinator Signature:	Date:
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Certification of Completion of Reentry Program – Form B		
Applicant Last Name:		Applicant First Name:
Applicant Middle Name:		Date of Birth:
Reentry Coordinator Information		
Agency Name:		
Reentry Coordinator 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 and 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
<b>- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -</b>	



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Reentry Preceptor Certification – Form C		
Applicant Last Name:		Applicant First Name:
Applicant Middle Name:		Date of Birth:
Reentry Preceptor Information		
Agency Name:		
Reentry Preceptor Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Reentry Preceptorship Start Date:	Reentry Preceptorship Completion Date:	

As Reentry Preceptor, I attest that the applicant has satisfactorily completed one hundred and 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.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature:	Date:
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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 -**