

Nurse Form 1

Application for Licensure

All applicants for licensure must complete this form and submit it with the appropriate fee (\$143) directly to the Office of the Professions at the address at the end of this form. The \$143 fee is the total of the application fee (\$70) plus the fee for your first registration period (\$73). The application portion of the fee is not refundable. You must answer all questions in **ink** (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **You must sign and date the Affidavit on this form in the presence of a Notary Public.**

Check what you are applying for (check one):

Registered Professional Nurse

22 **\$143** **ER**

Licensed Practical Nurse

10 **\$143** **ER**

The name listed on your application for licensure, the name on your photo identification, and the name listed on your NCLEX application must **ALL** match **EXACTLY**. If your name does not exactly match in all instances it will delay your authorization to test (ATT), you may not be allowed to take the exam at your scheduled time and you may incur additional fees to test.

1. Social Security Number <i>(Leave this blank if you do not have a U.S. Social Security Number)</i>	2. Birth Date	Month	Day	Year
3. Print Name	Last			
	First			
	Middle			
Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.				
4. Mailing Address	<input type="checkbox"/> Home or <input type="checkbox"/> Business	Area Code	Phone	
(You must notify the Department promptly of any address or name changes)			Email Address (please print clearly)	
Line 1			<input type="checkbox"/> Home or <input type="checkbox"/> Business	
Line 2				
Line 3				
City				
State	ZIP Code			
Country/ Province				
5. Telephone/Email Address	Daytime Phone			
	<input type="checkbox"/> Home or <input type="checkbox"/> Business			
6. New York State DMV ID Number (Driver or Non-Driver ID)	<i>(Leave this blank if you do not have a New York State DMV ID Number)</i>			

7. Do you have a CGFNS record? Yes No
If "yes", enter your CGFNS Number: _____

8. Name as it appears on degree or other credentials (if different from above) _____

9. Have you ever applied for New York State licensure in any profession? Yes No
If "yes", in what profession(s)? _____

10. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No

11. Are criminal charges pending against you in any court? Yes No

12. Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No

13. Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

14. Has any hospital, licensed facility or clinical laboratory restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes No

NOTE: If you answer "Yes" to any questions numbered 10-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether, pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

15. Do you now hold, or have you ever held, a license or certificate to practice any profession in any state or jurisdiction? Yes No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 or Nursys license verification (for states reporting to Nursys) must be submitted for each professional license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant instructions on Form 3 for specific information about completing and submitting the form.**

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations on License/Certificate

16. **You must complete all information for all schools/colleges/universities attended or your application will be considered incomplete. Note:** If you are applying for licensure as a licensed practical nurse and you did not graduate from a New York State approved nursing program, you must submit a copy of your high school or secondary school diploma or transcript in the original language with your Form 1. **If you were educated outside the U.S. or a Canadian province other than Quebec with a BN, BSN or BScN after January 1, 2015), submit a copy of your nursing diploma in the original language.**

Elementary or Primary School - Please complete the section below with details about your elementary or primary school. Attach additional sheets if you attended multiple schools. Any missing information will be considered an incomplete application.

Name of School _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____ Completion date _____
mo. yr. mo. yr. mo. yr.

High School/Secondary School or Equivalency Diploma Issuer - Please complete the section below with details about your high school/secondary school or equivalency diploma issuer. Attach additional sheets if you attended multiple schools. Any missing information will be considered an incomplete application.

Name of School _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____ Completion date _____
mo. yr. mo. yr. mo. yr.

Nurse Program - Please complete the section below with details about your nursing program. Attach additional sheets if you attended multiple programs. Any missing information will be considered an incomplete application.

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____ Or Still in progress

Date Degree/Diploma/Certificate awarded _____
mo. yr.

Postsecondary Education - Please complete the section below with details about your postsecondary education. Attach additional sheets if you attended multiple schools. Any missing information will be considered an incomplete application.

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____ Or Still in progress

Date Degree/Diploma/Certificate awarded _____
mo. yr.

17. If you have ever taken the SBTP, NCLEX, or a state-constructed examination for licensure as either a Registered Professional Nurse or a Licensed Practical Nurse in the United States or its territories (except New York State), complete the following:

State or Territory*	Profession	Exam Name	Exam Date	If Granted, License No.
State or Territory*	Profession	Exam Name	Exam Date	If Granted, License No.
State or Territory*	Profession	Exam Name	Exam Date	If Granted, License No.
State or Territory*	Profession	Exam Name	Exam Date	If Granted, License No.

*If you took the NCLEX or SBTP Examination, send Form 3 to the state in which you passed the licensing examination or request verification from Nursys.

18. Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must certify that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

CHECK ONLY A OR B BELOW. If you check B, you must check one of the five statements listed below it.

A I am not under an obligation to pay child support;

Or

B I am under an obligation to pay child support *and* (please check only one of the following)

I am current and **am not** four months or more in arrears in the payment of child support; or,

I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,

The child support obligation is the subject of a pending court proceeding; or,

I am receiving public assistance or supplemental security income; or,

None of the above four statements apply.

*New York State General Obligations Law, section 3-503

19. Citizenship/Immigration Status

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

A. A United States citizen or National.

B. An alien lawfully admitted for permanent residence in the United States.

C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.

D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.

E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.

F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.

G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.

H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States

I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify _____

J. I do not reside in the United States. _____

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THE [USCIS WEBSITE](http://uscis.gov).

20. Child Abuse Identification and Reporting Coursework Requirement - **RN Applicants Only** (check one)

- I graduated from a NYS registered program and completed the child abuse identification training as part of my studies.
- I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider
- I completed the child abuse coursework online and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed the [Certification of Exemption \(Form 1CE\)](#).

21. Infection Control Training Requirement (check one)

- I graduated from a NYS registered licensure qualifying program within the last four years and completed the infection control training during my studies.
- I completed the infection control training within the last four years and have enclosed a certificate of completion from an approved provider.
- I completed the infection control training online within the last four years and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed an [Attestation of Infection Control Training \(Form 1IC\)](#).

22. Reasonable Testing Accommodations for Individuals with Disabilities. (check if applicable)

- I have been diagnosed as having a disability and require special testing accommodations and am submitting the **Request for Reasonable Testing Accommodations** form. I understand that I will not be able to test until I submit the appropriate documentation and am approved to test with accommodations. (Visit the [Office of the Professions' website](#) for information on obtaining the form.)

23. Gender and Ethnicity (**This item is optional**)

Information on gender and ethnicity is sought solely to allow the New York State Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender Male Female

Ethnicity White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American

24. Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing. Yes No Please initial _____

25. Affidavit with Acknowledgement (**Notarization required**)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Applicant's Signature

Date

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis

of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's Signature

Notary Stamp

Notary ID number

Expiration Date

If you are submitting an initial Form 1, mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201, U.S.A.. **DO NOT SEND CASH.** Make check or money order payable to the New York State Education Department.

If the Department has requested an updated Form 1, mail this form to: New York State Education Department, Office of the Professions, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000. **NO FEE IS NEEDED FOR THIS OPTION.**