



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LICENSURE AS A REGISTERED OR PRACTICAL NURSE BY EXAMINATION INSTRUCTION SHEET

Follow instructions carefully.

You must answer *all* questions unless the instruction says to skip them. *Incomplete applications will be rejected.*
Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*.

When to File Application by Examination

Complete this application **only if** you wish to take the NCLEX examination and your home state of residence is either Delaware or a state that is **not** an [Enhanced Nurse Licensure Compact \(eNLC\) state](#).

- Your *home state of residence* (also called the primary state of residence) is your declared fixed, permanent and principal home for legal purposes. If your home state of residence is another [eNLC state](#), you **must** apply for licensure by examination in your home state, **not** in Delaware:
- If you hold **or** have ever held an active Nursing license of the same type in another jurisdiction (state, U.S. territory or District of Columbia) **and** you have never held a Delaware Nursing license of the same type, complete the [Application for Licensure as a Registered or Licensed Practical Nurse by Endorsement](#).
- If you have ever held a Delaware license of the same type and that license is now in Lapsed-Must Reinstate status **or** it is in Inactive status, complete the [Application for Reinstatement of RN or LPN License](#).

Requirements for All Applicants by Examination

- Complete the **Authorization for Release of Information** form to request a State of Delaware and Federal Bureau of Investigation criminal background check. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - You must meet this requirement even if you recently had a criminal background check done for another reason.
 - Information or details on the State and Federal background report will be reviewed to determine whether you must submit any additional information or documents as part of the application process.
- Submit completed, signed and notarized [Application for Licensure as a Registered or Licensed Practical Nurse by Examination](#).
 - **Follow instructions carefully. You must answer all questions unless the instruction says to skip them. Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter None. Incomplete applications will be rejected.**
 - Read the AFFIDAVIT section and sign the application in front of a notary public. Forms that are unsigned or not notarized will be rejected.
- Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
 - Applications submitted without this processing fee will be rejected.
- Enclose a copy of your driver's license or official identification card from the Division of Motor Vehicles.
 - The state (or other jurisdiction) on the identification you provide is considered your home state of residence.
 - If you don't have a driver's license or official identification from the Division of Motor Vehicles, you may submit a voter registration card, federal tax return, military form 2058 or a Form W-2 showing your home state of residence.
 - You may submit a passport **only if** it is your **sole** proof of identification. If you submit a passport, your Delaware license will be for practice **only** in Delaware. You will not be allowed to use it to practice in other compact states.

- If you received your Nursing education outside the U.S. (including Canada) or in Puerto Rico, submit a copy of your CGFNS certificate verification letter. Contact [CGFNS](#) to order your certificate verification letter. CGFNS must send the certificate verification letter directly to the Board office.
- If you received your Nursing education in the U.S. or a U.S. territory other than Puerto Rico, arrange for your school of nursing to send the Board office an official transcript *showing the degree you received and the date*. The school must send the transcript *directly* to the Board office. The Board office cannot approve you to sit for the examination until it receives this final transcript.
 - The program must be a State Board of Nursing approved Registered Nurse or Practical Nursing education program. Section 2.4.1.7.4 of the Board's [Rules and Regulations](#) requires *at least* 200 hours of clinical experience for LPN students and *at least* 400 hours of clinical experience for RN students.
 - If 12 months or more have elapsed since your graduation, you are required to submit a [Petition for Permission to Take NCLEX More than One Year After Graduation](#) form.
 - If two years (24 months) or more have elapsed since your graduation, you are required to submit evidence of completing an NCLEX review course within the previous six months. To be acceptable, the course must include a test(s) and provide either a certificate or letter from the provider as proof of completion. (An email or payment receipt from the course provider is not sufficient.) Before enrolling, make sure that the course meets these requirements. To find a course, we suggest you check with your school of nursing, visit NCSBN Learning Extension at <https://learningext.com/> or search on the internet.
 - If five years (60 months) or more have elapsed since your graduation, you are no longer eligible for licensure by examination. Call the Board office.
- Complete the *Nursing School Reference Form* and send the form to your school for completion.
 - After completing the form, the school must return the form by mail *directly* to the Board office. Forms received from you will be rejected.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Registering for NCLEX Examination

- Register for the NCLEX online on the [Pearson Vue website](#) **as soon as** you are ready to take the test.
 - When all required documents are received, reviewed and approved, the Board office will notify Pearson Vue that you are eligible to take the exam *provided you have registered with Pearson Vue*. The Board office cannot make you eligible until you have registered.
 - If you are eligible, Pearson Vue sends you an *Authorization to Test* (ATT) form by email. If you do not receive an ATT form, contact Pearson Vue. The Board office has no information about the status of your ATT form.
 - If you are **not** eligible, the Board office notifies you.
- When you receive the *Authorization to Test*, schedule an appointment with Pearson Vue to take the exam.
 - If you passed and the Board office has received all of the documents required for licensure, the Board office will send you your license by mail and will send you the exam results by email if you provided an email address.
 - If you did not pass, the Board office will send you your exam results and an *Application for Re-Examination* by email if you provided an email address. No exam results are given out by phone!

Temporary Permit for RN or LPN

For information on applying for a temporary permit, see [RN/LPN Temporary Permit](#). *Carefully read the instructions about when you may apply. Do not begin orientation or employment until you are assigned a temporary permit number.*



OFFICE USE ONLY	
DDB	_____
R. T. CBC	
ID	_____ CGFNS

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Follow instructions carefully.

You must answer *all* questions unless the instruction says to skip them.

Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*.

Incomplete applications will be rejected.

TYPE OF APPLICATION

1. Check type of application(s) you are filing:

Registered Nurse

Licensed Practical Nurse

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last First Middle Maiden

3. Other Names Used: None _____

4. Date of Birth (month/day/year): _____ Gender: Male Female

5. Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

6. Your *home state of residence* (also called the primary state of residence) is your declared fixed, permanent and principal home for legal purposes. Enter your *Home State (or jurisdiction) of Residence*: _____

Enclose a copy of your driver's license or an identification card issued by the Division of Motor Vehicles showing this state or jurisdiction as your residence. If you have neither of these types of identification, see the Instruction Sheet.

7. Mailing Address: _____
City State Zip

8. Phone: _____ Email: _____
daytime evening or cell

EDUCATION INFORMATION

9. Enter the following information about the **high school** you attended:

High School Name: _____

Address: _____

City State/Country Zip/Postal Code

Year You Entered: _____ Year You Completed (check one):

I graduated from high school. Enter year: _____

I received a GED. Enter year: _____

10. Did you graduate from a nurse education program *outside* the United States (including Canada) **or** Puerto Rico?
Yes No If yes, enter CGFNS Number: _____ Certificate Date: _____

Request a CGFNS verification letter from [CGFNS](#) to be sent *directly* to the Board office.

11. If you are now applying for an RN license, enter the following information about the RN program you attend(ed). If you are now applying for an LPN license, enter the information about your PN program:

Name of Institution Conducting Nursing Program: _____

Address: _____

_____ City _____ State/Country _____ Zip/Postal Code _____

Entered Program (month/year): _____ Actual or Anticipated Graduation (month/year): _____

Type of Program (check one): Baccalaureate Associate Registered Nurse Diploma
 Practical Nurse Diploma Practical Nurse Certificate
 Other – Enter type of degree: _____

Arrange for the Board office to receive an official transcript *showing the degree you received and the date*, sent *directly* from your nursing school to the Board office. If you graduated over a year ago, see also the Instruction Sheet for more information.

EXAMINATION HISTORY – In this section, jurisdiction means State, District of Columbia, U.S. territory.

12. Have you ever applied to take an examination for RN or LPN licensure but were *denied*? Yes No
If yes, enter the jurisdiction(s): _____ **Explain why you were denied:**

13. Have you ever taken an examination for RN or LPN licensure and *failed*? Yes No
If yes, enter the jurisdiction(s): _____ **Date:** _____

DISCLOSURES

Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted. .

14. Have you received any administrative penalties regarding your practice of nursing in any jurisdiction, including but not limited to the following.

- Fines? Yes No
- Formal reprimands? Yes No
- License suspensions? Yes No
- License revocations (except for non-payment of fees)? Yes No
- Probationary limitations? Yes No
- Other? Yes No If yes, what kind of penalty: _____

If yes, submit a letter of explanation and all relevant legal documentation.

15. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes No
If yes, submit a letter of explanation and all relevant legal documentation.

16. Has your application for a license ever been refused or denied in any other jurisdiction? Yes No
If yes, submit a letter of explanation and all relevant legal documentation.

17. Have you entered into any consent agreements containing conditions that a licensing board has placed on your professional conduct and practice? Yes No
If yes, submit a letter of explanation and all relevant legal documentation.

18. Do you have any impairment related to drugs or alcohol that would limit your practice of nursing?
Yes No **If yes, submit a letter of explanation and all relevant legal documentation.**

DUTY TO REPORT

19. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

20. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

21. To obtain a license in Delaware, you must certify that you understand that you have a mandatory duty to report any unsafe nursing practice to the Board of Nursing and to report any unsafe practice conditions to the recognized legal authorities.

I certify that I have read and understand [Section 7.3.1.6](#) of the Board of Nursing's Rules and Regulations and that I understand my *duty to report*. Yes No

22. To obtain a license in Delaware, you must certify that you understand that you have a mandatory duty to self report all of the following to the Board within 30 days:

- Arrest or indictment for, or information charging you with, a crime substantially related to the practice of nursing as defined in Section 15.0 of the Board's Rules and Regulations
- Conviction, including any verdict of guilty or plea of guilty or no contest, for any crime substantially related to the practice of nursing as defined in Section 15.0 of the Board's Rules and Regulations.

I certify that I have read and understand all provisions of the Delaware Nursing Practice Act, including [24 Del. C. §1930A](#), and the [Rules and Regulations](#), and that I understand my *duty to self report*. Yes No

If Board review of your application is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date in order to ensure consideration of your application at the meeting:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded.

Continued on next page

AFFIDAVIT

The law regulating the practice of Nursing in Delaware, 24 Del. C. §1922 (a), "Grounds for Discipline," provides that the Board of Nursing may revoke or suspend any license to practice nursing, refuse a license or re-licensing or otherwise discipline a licensee upon proof that a licensee or former licensee is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing.

The applicant, being duly sworn, says that he/she is the person referred to in the foregoing application for licensure as registered/licensed practical nurse in the State of Delaware, that he/she meets the requirements for licensure, that the statements therein contained are true and that he/she has read and understands this affidavit.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 2 _____,

Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. ***Personal checks are not accepted in any county.*** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (***personal checks are not accepted***) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION’S BOARD OFFICE.

DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION

CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- Adult Entertainment
- Charitable Gaming Vendor
- Chiropractic
- Dental
- Funeral
- Massage
- Medical (Physicians (MD, DO and Administrative Medical), Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM))
- Mental Health (LPCMH, LCDP, LMFT, LACMH, LAMFT, LPAT, LAAT)
- Nursing (RN, LPN, APRN)
- Nursing Home Administrator
- Occupational Therapy
- Optometry
- Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy)
- Physical Therapy/Athletic Trainer
- Podiatry
- Psychology
- Real Estate Appraiser (includes Appraisal Management Company)
- Speech/Hearing
- Social Work
- Texas Hold'em Individual

Print your current full name:

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



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NURSING SCHOOL REFERENCE FORM

INSTRUCTIONS

Application by Examination

Complete this form when applying for nursing licensure by examination.

AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for Nursing licensure in the State of Delaware, I hereby authorize release of reference information about my Nursing education at the institution named below.

APPLICANT SIGNATURE: _____ Date: _____

APPLICANT INFORMATION – To be completed by applicant

- Type of Application: RN LPN APRN
- Applicant Name: _____
Last First Middle
- Address: _____
Street City State Zip
- Social Security Number: _____
- Phone: _____ Email: _____
- School Name: _____
- School Address _____
Street City State Zip

REFERENCE – To be completed by the Nursing School

- Name of School _____
- Applicant's Graduation Date (mm/dd/yy): _____ Degree Awarded: _____
- Which program did the applicant complete? RN Program LPN Program
 - RN Program: Did the program provide *at least 400* hours of clinical experience? Yes No
 - LPN Program: Did the program provide *at least 200* hours of clinical experience? Yes No
- Printed Name of School Representative: _____
- Title of School Representative: _____
- Signature of School Representative: _____
- Phone: _____ Email: _____

The Board office will accept only forms it receives directly from the school.

FAXED FORMS WILL NOT BE ACCEPTED.