



Iowa Board of Nursing

400 S.W. 8th Street Suite B
Des Moines, IA 50309-4685
Tel: (515) 281-3255 Fax: (515) 281-4825
Web: nursing.iowa.gov

PETITION FOR ELIGIBILITY DETERMINATION INSTRUCTIONS

Who can submit a petition for eligibility determination: If you have not yet submitted a completed application for an LPN, RN, or ARNP license and you have one or more criminal convictions, you have the option of asking the Board to determine whether one or more of your criminal convictions would render you ineligible for an LPN, RN, or ARNP license in the State of Iowa. Please note that a submitting a petition for eligibility determination is not required to obtain a license, and prospective applicants with criminal convictions are not obligated to obtain an eligibility determination prior to applying for a license.

What to include in a petition for eligibility determination: A petition for eligibility determination must be submitted in accordance with 655 Iowa Administrative Code rule 3.12. A petition must include the following information/documents:

1. A completed eligibility determination form;
2. The criminal complaint and judgment of conviction for **each separate** offense;
3. A personal statement regarding whether each conviction directly relates to the duties and responsibilities of an LPN, RN, or ARNP, and why you believe you should receive a license;
4. All evidence of rehabilitation that you wish the Board to consider; and
5. **Payment of a nonrefundable \$25 fee** by money order or check made out to Iowa Board of Nursing.

A petition that is missing any of the above items will be deemed incomplete and will not be reviewed by the Board. If you have more than 5 convictions you would like the Board to review, you can attach additional pages to the form as necessary.

How to submit a completed petition for eligibility determination: A completed petition for eligibility determination containing all required information/documentation and payment of the fee may be delivered in person or mailed to the Board office. The Board's address is: 400 S.W. 8th Street, Suite B, Des Moines, Iowa 50309-4685.

How will I know when the Board has made a decision: The Board will review each complete petition and issue a written decision. The decision will be mailed to the address listed on the petition form, so please be sure to provide your correct mailing address and notify the Board if your mailing address changes while your petition is pending.

Conviction 3:

Case Number: _____ Date of Conviction _____
(MM / DD / YYYY)

Federal, State, or Municipal Offense? Federal State Municipal

State, County, and/or City of conviction: _____

Name of offense: _____

Sentence: _____

Conviction 4:

Case Number: _____ Date of Conviction _____
(MM / DD / YYYY)

Federal, State, or Municipal Offense? Federal State Municipal

State, County, and/or City of conviction: _____

Name of offense: _____

Sentence: _____

Conviction 5:

Case Number: _____ Date of Conviction _____
(MM / DD / YYYY)

Federal, State, or Municipal Offense? Federal State Municipal

State, County, and/or City of conviction: _____

Name of offense: _____

Sentence: _____

ATTESTATION: I swear or affirm under penalty of perjury that this form and the associated documentation provided are true and accurate to the best of my knowledge and belief, and that I am submitting, along with this form, all of the following:

- The criminal complaint and judgment of conviction for each separate offense;
- A personal statement regarding whether each conviction directly relates to the duties and responsibilities of an LPN, RN, or ARNP, and why I believe I should receive a license;
- All evidence of rehabilitation I wish the Board to consider; and
- Payment of \$25 through money order or check made out to Iowa Board of Nursing.

Signature: _____ Date: _____

Print Name: _____