

Iowa Board of Nursing

RiverPoint Business Park
400 S.W. 8th Street Suite B
Des Moines, IA 50309-4685

REQUEST TO APPLY FOR IOWA LICENSURE BY EXAMINATION FOR INDIVIDUALS EDUCATED AND LICENSED IN ANOTHER COUNTRY

NAME

Last First Middle Maiden

ADDRESS

Street City

State Zip Code Country

U.S. SOCIAL SECURITY NUMBER _____

(If a SSN is not provided, documentation must be submitted that allows applicant access to the United States)

BIRTH DATE _____

Name under which you were originally licensed in the native country _____

Country in which you were originally licensed _____

Type of original license **REGISTERED NURSE** _____ License number _____

PRACTICAL NURSE _____ License number _____

Have you taken the National Council Licensure Examination(NCLEX®) or State Board Test Pool Examination for licensure as an RN or LPN/LVN in any U.S. jurisdiction? **YES** _____ **NO** _____

If YES, list state(s) _____

U.S. states in which you have been licensed _____
State License# Examination Endorsement

State License# Examination Endorsement

Has your license to practice or privilege to practice nursing, or any health care profession, ever been disciplined, surrendered or denied in this state or any other state(s)? **YES** _____ **NO** _____

Have you ever pled guilty to, or been convicted of, a criminal offense, other than a minor traffic violation, (Include deferred judgments)? **YES** _____ **NO** _____

Has CGFNS submitted the CES report directly to the Iowa Board of Nursing? **YES** _____ **NO** _____

I hereby certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge.

APPLICANT SIGNATURE _____ DATE _____

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. and the Iowa Code. The number will be used in connection with the collection of child support, college student loans, debts owed to the state of Iowa, and as an internal means to accurately identify licensees. This information will also be shared with taxing authorities as allowed by law. Ref: 42 U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1), 261.126(1) (2007), § 272D.8(1) (Supp. 2008), § 421.18 (2007). Information is collected pursuant to Iowa Code 147.10 and Iowa Administrative Code 655-Chapter 3, will be used for workforce projections, and may be disclosed pursuant to IAC 655-Chapter 11. Failure to provide mandatory information will result in license denial.