



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2712
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR LICENSURE AS AN RN OR LPN BY EXAMINATION INSTRUCTION SHEET

Please read all instructions carefully before completing and submitting your application. Failure to follow instructions may result in a delay of licensure.

When to File Application by Examination

Complete this application if you are applying to take the NCLEX examination and your home state of residence is either Delaware or a *non-compact* state.

- If one of the following **compact states other than Delaware is your home state of residence, you must apply for licensure by examination in your home state, not in Delaware:** Arizona, Arkansas, Colorado, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin
- If you hold a current, active Nursing license of the same type in another state or U.S. territory and you have never held a Delaware Nursing license of the same type, complete the [Application for Licensure by Endorsement](#).
- If you have ever held a Delaware license of the same type and that license is now lapsed or inactive, complete the [Application for Reinstatement of RN or LPN License](#) instead.

Note: For important information on how the Nurse Compact affects your Nursing license, see [Compact \(Multi-State\) Licensure](#) on the Board's website at www.dpr.delaware.gov.

Requirements for All Applicants by Examination

- Complete the **Authorization for Release of Information** form to request a 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 some other reason.
- Submit completed, signed and notarized [Application for Licensure as a Registered or Practical Nurse by Examination](#).
 - Make sure all questions are answered unless the instructions tell you to skip a question.
 - Read the AFFIDAVIT section.
 - Sign the application in front of a notary public.
 - Forms that are incomplete, unsigned or not notarized will be rejected.
- Enclose [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.
- If you received your Nursing education in the U.S. (including U.S. territory), 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.
 - If 12 months or more have elapsed since your graduation, you are required to submit a *Petition to Test* form. The Board Office will send you the form.
 - If 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.
 - If five years or more have elapsed since your graduation, you are no longer eligible for licensure by examination. Call the Board Office.

- If you received your Nursing education outside the U.S., submit a copy of your CGFNS certificate.
- If you have ever practiced Nursing in any state or other jurisdiction, complete the applicant section of the *Employer Reference Form* and send to your nursing employer(s) during the most recent six months of your nursing practice.
 - If you are a recent graduate, send the form to your school for processing.
 - After completing the form, the employer(s) must return the form directly to the Board office. Forms received from you will be rejected.
 - If the Board office receives an incomplete *Employer Reference Form* from your employer because it is your employer's policy not to comment on performance, the Board office will contact you to submit a copy of your most recent employee evaluation. Obtain this evaluation yourself; do not ask your employer to forward a copy. This is needed ***in addition to***, not instead of, the *Employer Reference Form*.
- 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 at www.vue.com.
 - When all required documents are received and reviewed, the Board office notifies Pearson Vue whether you are eligible to take the exam.
 - If you are eligible, Pearson Vue sends you an *Authorization to Test* form by email
 - If you are not eligible, the Board office notifies you why not.
- 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 and the exam results by mail.
 - If you did not pass, the Board office will send you your exam results and an *Application for Re-Examination*.

Note: Exam results are not given out by phone or email!

Requirements for Temporary Permits

Apply for a Temporary Permit *only if* you have an offer of employment and you plan to start employment in Delaware before the examination results are known. If you are offered employment after you have already filed your application, contact the Board office for instructions. **Do not begin orientation or employment until you are assigned a temporary permit number.**

- Complete the TEMPORARY PERMIT section of the application
- Enclose [temporary permit fee](#) by check or money order made payable to "State of Delaware."
 - This fee is *in addition to* the processing fee for the application.
- Arrange for the Board office to receive an official copy of your transcript from school of nursing OR letter from Nursing program.
 - You may use the Nursing School section of the *Employer Reference Form* in lieu of a letter from your program.
 - The document must show your *degree and date* you received it. The school of nursing must send the document *directly* to the Board office.
- Enclose a photocopy of your job offer letter.
- The Board office must receive *results* of the criminal background check before issuing a temporary license.

The temporary permit expires 90 days after your graduation date.



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

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APPLICATION FOR LICENSURE AS A REGISTERED OR PRACTICAL NURSE BY EXAMINATION

TYPE OF APPLICATION

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

- Registered Nurse
- Licensed Practical Nurse
- Temporary Permit – I have an offer of Nursing employment in Delaware and wish to start working before the examination results are known.

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last
First
Middle
Maiden

3. Other Names Used: _____

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. Mailing Address: _____

City
State
Zip

7. Enter your *State or Jurisdiction of Primary 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.

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

EDUCATION INFORMATION

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

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 nurse education program *outside the United States*? Yes No If yes, enter CGFNS Number: _____ Certificate Date: _____

Enclose a copy of your CGFNS certificate.

11. Enter the following information about the nursing program you attended:

Name of Institution Conducting Nursing Program: _____

Address: _____

_____ City _____ State/Country _____ Zip/Postal Code

Month/Day/Year You Entered Program: _____ Month/Day/Year You Graduated: _____

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

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

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

13. Have you ever taken an examination for RN or LPN licensure and *failed*? Yes No If yes, where? _____ When? _____

14. Have you ever been denied Nursing licensure in Delaware or any other jurisdiction? Yes No If yes, where? _____ **Enclose a copy of the legal documents.**

15. Have you **ever** held a Nursing license *of any kind in any state or jurisdiction* – whether in the U.S. or any another country? Yes No **If no, skip to the NURSING PRACTICE section.** If yes, enter the following information about *each* license that you have held. Enclose additional sheets if needed.

RN or LPN?	JURISDICTION (state, territory, or other country)	LICENSE NUMBER	EXPIRATION DATE	CURRENT LICENSE STATUS
RN <input type="checkbox"/> LPN <input type="checkbox"/>				
RN <input type="checkbox"/> LPN <input type="checkbox"/>				
RN <input type="checkbox"/> LPN <input type="checkbox"/>				

16. Have any of your Nursing licenses ever been disciplined, including revocation, suspension, probation, voluntary surrender, limitation or letter of reprimand? Yes No If yes, where? _____ **Enclose a copy of the legal documents.**

17. Are any of your Nursing licenses currently under investigation? Yes No If yes, where? _____ **Enclose a copy of the legal documents.**

NURSING PRACTICE

18. Have you *ever* practiced Nursing in any state or other jurisdiction? Yes No If no, **skip to the DISCLOSURES section.** If yes, enter the following information about your **Nursing** employment for the past **five** years **and submit the Employer Reference Form.** (If you need more room, enclose additional sheets.)

DATES (month/year to month/year)	RN or LPN?	EMPLOYER	ADDRESS (street, city, state)
	RN <input type="checkbox"/> LPN <input type="checkbox"/>		
	RN <input type="checkbox"/> LPN <input type="checkbox"/>		
	RN <input type="checkbox"/> LPN <input type="checkbox"/>		

DISCLOSURES

19. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No If yes, explain below. _____

Arrange for the Board office to receive a criminal background check following the instructions on the Authorization for Release of Information form.

20. Are criminal charges pending against you in any jurisdiction? Yes No If yes, explain below and **enclose copies of any legal documents:** _____

21. Are you now, or have you ever been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes No If yes, explain: _____

DUTY TO REPORT

22. 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

23. 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

24. 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

TEMPORARY LICENSURE – Complete this section *only if* you have an offer of employment and plan to begin work in Delaware before the examination results are known. Delaware Temporary Permits are *not* valid for work in other states.

Applicant Name (PRINT): _____

25. Enter the following information about your employment:

Employer: _____ Anticipated Start Date: _____

Address: _____

_____ DE _____
City State Zip

Contact Name: _____ Employer Phone: _____

Enclose a photocopy of your job offer letter. The Board office must also receive the temporary license fee, official transcript or letter from nursing school and results of the criminal background check before issuing a temporary permit.

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 assure 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 six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-8 weeks to receive your permanent license (whether or not a temporary license has been issued).

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 and federal criminal background checks are required.

Locations

Kent County – Primary Facility

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

Walk-ins accepted: Mon 9 am – 7 pm, Tue - Fri 9 am – 3 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

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd.
Georgetown DE 19947
(Across from DelDOT & the State Service Ctr.)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties 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 \$69.00, to cover both the State and Federal 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.

Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, 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 \$69.00 made payable to “Delaware State Police” to:

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

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE



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EMPLOYER REFERENCE FORM FOR NURSING LICENSURE PURPOSES

SECTION A: APPLICANT INFORMATION – to be completed by applicant

Complete Section A and send to each nursing employer during the most recent six months of your nursing practice. If you graduated within the past year and have not been employed as a nurse for at least six months, send this form to your school of nursing for completion in addition to sending it to your employers. You may duplicate the form as needed.

1. Applicant Name: _____
Last First Middle

2. Address: _____
Street

City State Zip

3. Social Security Number: _____

4. Phone: _____ Email: _____

5. Type of Application: RN LPN APN

6. Employer/School Name: _____

7. Employer/School Address: _____
Street

City State Zip

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 employment and about my Nursing education at the above named institution.

APPLICANT SIGNATURE: _____ Date: _____

***The Board office will accept only forms it receives directly from the employer/school.
Forms returned by the applicant will not be accepted.
Faxed forms will not be accepted.***

SECTION B: REFERENCE – to be completed by applicant’s nursing employer or nursing school

The applicant whose name appears on reverse has applied for Nursing licensure in Delaware. Please complete the appropriate box below and sign where indicated. Thank you for your assistance.

NURSING EMPLOYER

Applicant Name: _____

Name of Employer: _____

The applicant was employed as: LPN RN APN

From: _____ To: _____ Currently Employed
Month/Day/Year Month/Day/Year

Based on this person’s performance, would you recommend her/him for licensure? Yes No

If you checked no, please explain. Your answer is a factor in determining eligibility for Delaware licensure.

Name of Person Completing Form: _____ Title: _____

Signature: _____ Date: _____

Phone: _____ Email: _____

OR

NURSING SCHOOL

Applicant Name: _____

The applicant completed the RN or LPN educational program at:

Name of School: _____ Graduation Date: _____
Month/Day/Year

Name of Person Completing Form: _____ Title: _____

Signature: _____ Date: _____

Phone: _____ Email: _____

The Board office will accept only forms it receives directly from the employer/school. Mail form to

Board of Nursing
Cannon Building, Suite 203
861 Silver Lake Blvd,
Dover DE 19904

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Faxed forms will not be accepted.***