



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 *non-compact* 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 one of the following [compact states](#), you *must* apply for licensure by examination in your home state, *not* in Delaware:

COMPACT STATES

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, 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 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 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 [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.
- Your Nursing program must be acceptable to the Board. Section 2.4.1 of the Board's [Rules and Regulations](#) explains the criteria for an acceptable Nursing program, such as 200 hours of clinical experience required for LPN students and at least 400 hours of clinical experience required for RN students. If your program is in Delaware, see [Approved Delaware Nursing Education & Refresher Programs](#) on the Board's website.
 - 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 <http://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 applicant section of the *Nursing 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	_____

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Follow instructions carefully.
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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: None
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 nursing education program *outside the United States (including Canada) or in Puerto Rico*?
 Yes No If yes, enter CGFNS Number: _____ Certificate Date: _____

Request a Certificate verification letter from [CGFNS](#). The verification must be sent to us directly from CGFNS.

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.

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. (If you need more room, enclose additional sheets.)

RN or LPN?	JURISDICTION (state, territory, or other country)	LICENSE NUMBER	CURRENT LICENSE STATUS?
RN <input type="checkbox"/> LPN <input type="checkbox"/>			Active <input type="checkbox"/> Not Active <input type="checkbox"/>
RN <input type="checkbox"/> LPN <input type="checkbox"/>			Active <input type="checkbox"/> Not Active <input type="checkbox"/>
RN <input type="checkbox"/> LPN <input type="checkbox"/>			Active <input type="checkbox"/> Not Active <input type="checkbox"/>
RN <input type="checkbox"/> LPN <input type="checkbox"/>			Active <input type="checkbox"/> Not Active <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, 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 yes, complete the following about your **Nursing** employment for the past **five years (60 months)**. (If you need more room, enclose additional sheets.)

RN or LPN?	EMPLOYER	ADDRESS (city, state)	EMPLOYMENT DATES	
			From	To
RN <input type="checkbox"/> LPN <input type="checkbox"/>				
RN <input type="checkbox"/> LPN <input type="checkbox"/>				
RN <input type="checkbox"/> LPN <input type="checkbox"/>				

DISCLOSURE

Arrange for the Board office to receive a State of Delaware and Federal Bureau of Investigation criminal background check following the instructions on the *Authorization for Release of Information* form.

19. 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

20. 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

21. 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

22. 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

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. Allow ten days after passing the examination to receive your permanent license.

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> 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.



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NURSING REFERENCE FORM

INSTRUCTIONS

Application by Endorsement or Reinstatement

If applying for nursing licensure by endorsement or reinstatement, arrange for the Board office to receive this form as follows:

- If you have been employed *as the same type of nurse for which you are applying* for at least the past six months, complete the APPLICANT INFORMATION section and send a form to *each* nursing employer where you worked during the past six months.
- If you have **not** been employed *as the same type of nurse for which you are applying* for at least the past six months **but** you graduated from your nursing program within the past two years (24 months), complete the APPLICANT INFORMATION section and send the form to your nursing school for completion.
- If you have **not** been employed for at least the past six months **and** you did not graduate from nursing school within the past two years (24 months) **but** you were employed *as the same type of nurse for which you are applying* within the past *five years (60 months)*, complete the APPLICANT INFORMATION section and send a form to your most recent nursing employer(s) where you worked for at least six months.

Application by Examination

If applying for nursing licensure by examination, complete the APPLICANT INFORMATION section and send the form to your nursing school for completion.

APPLICANT INFORMATION – to be completed by applicant

1. Type of Application: RN LPN
2. Applicant Name: _____
Last First Middle
3. Address: _____
Street City State Zip
4. Social Security Number: _____
5. Phone: _____ Email: _____
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.***

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

The above-named applicant 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 <input type="checkbox"/> RN <input type="checkbox"/>	
From: _____ Month/Day/Year	To: _____ Month/Day/Year
Currently Employed <input type="checkbox"/>	
Based on this person’s performance, would you recommend her/him for licensure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: _____	
Name of School: _____	
Graduation Date (month/day/year): _____	Degree Awarded: _____
Which program did the applicant complete? <input type="checkbox"/> RN Program <input type="checkbox"/> LPN Program	
RN Program: Did the program provide at least 400 hours of clinical experience? Yes <input type="checkbox"/> No <input type="checkbox"/>	
LPN Program: Did the program provide at least 200 hours of clinical experience? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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

**Forms returned by the applicant will not be accepted.
FAXED FORMS WILL NOT BE ACCEPTED.**