

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

BOARD OF NURSING

INFORMATION FOR REGISTERED NURSE/LICENSED PRACTICAL NURSE LICENSURE APPLICATION

All applicants are required to complete the Application for Licensure **Form #3087** in its entirety and submit to our department for review/processing. In addition to the complete application and appropriate fee, please see your method of application below for additional requirements needed:

LICENSURE BY EXAMINATION: (applicant requesting to sit for NCLEX, not previously licensed in another U.S. state)

- Non-Foreign Educated Exam Applicants Only:** (graduated inside the US)
 - WI Board-Approved Statement of Graduation or Completion (DSPS Form #259):** (Graduates from a WI state Board-approved School located in WI) This form must be returned directly from your school to the WI DSPS. Forms received from the applicant will be rejected by the Board. This form should not be completed by your school of nursing until you have actually graduated from or completed the Board-Approved School of Professional/Practical Nursing Program. Anticipated dates of graduation or completion will not be accepted.
 - Official Transcripts:** (Graduates from a state outside of WI but in the U.S.) Transcripts must be sent directly from your school to the WI Board of Nursing after graduation. Official transcripts received from the applicant will be rejected by the Board. Transcripts submitted prior to graduation will be rejected by the Board. Transcripts may be emailed directly from the school to DSPSCredNursing@wi.gov or mailed to the address above.
- Foreign Educated Exam Applicants Only:** (any applicant who graduated outside the U.S., including graduates of any U.S. territory or Canada.

RN Foreign Educated Exam Applicants:

- CGFNS Certification Program Required:** For details regarding completing the Certification Program, please contact the Commission on Graduates of Foreign Nursing Schools (CGFNS) at (215) 349-8767 or visit www.cgfns.org. Once you have completed the Certification Program and have received a Certificate from CGFNS, you must request a valid certificate be sent directly to the WI Board of Nursing from CGFNS. Certificates received from the applicant will be rejected by the Board.

LPN Foreign Educated Exam Applicants:

- Credential Evaluation Services (CES) Report:** Contact the Commission on Graduates of Foreign Nursing Schools (CGFNS) at (215) 349-8767 or visit www.cgfns.org to request a valid CES report to be sent directly to the WI Board of Nursing. Reports received from the applicant will be rejected by the Board.
 - TOEFL/IELTS Report Required:** Contact the Test of English as a Foreign Language (TOEFL) at: P.O. Box 6151, Princeton, NJ 08541-6151, or International English Language Testing System at www.ielts.org to request a copy of the test result scores be sent directly to the WI Board of Nursing. Scores received from the applicant will be rejected by the Board.
- NCLEX Registration:** To register for the NCLEX examination you must go online to <http://www.vue.com/nclex> and follow the NCLEX Registration instructions. **Note:** It is highly recommended to register with PearsonVue prior to the school submitting your statement of graduation/transcript, if possible. If you are not able to register until after the school submits your approval, be sure to read your application status thoroughly as you may need to email the Department to let us know after you have registered. Not reading the full status comments can cause delays in approval.
 - Temporary Permit For Exam Applicants (Form #2434) (optional):** In addition to Form #2434 and the \$10.00 temporary permit fee, the Department also requires a completed application (either **Form #3087** or an OLAS application) and proof of graduation from a WI board-approved school or comparable school of professional/ practical nursing prior to granting a temporary permit. A temporary permit cannot be processed until all of those requirements are satisfied. Exam applicants must have a supervising RN and the department must receive proof of graduation/completion from the school prior to issuance. A temporary permit is valid for a period of three months or until the holder receives notification of failing the NCLEX examination. An applicant for RN/LPN licensure who holds a valid permit under this Temporary Permit section or Wis. Admin. Code § N 3.05(4) (a) may use the title "Graduate Nurse/Graduate Practical Nurse" or the letters "GN/GPN" and shall not practice beyond the scope of the license the holder is seeking to obtain. The holder is required to practice under the direct supervision of a RN. The supervisor must be on-site and immediately available at all times. You may not practice as a RN/LPN in Wisconsin unless you have either a permanent license or temporary permit.

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LICENSURE BY ENDORSEMENT: (applicant who holds an active license in another state and has already taken and passed NCLEX)

1. **Verification of Licensure:** The Department requires verification of licensure of the initial exam state license and a current state. If the initial exam state license is still active, only that state's license verification is required.

How to verify to DSPS

- **To obtain verification from another state board, you must first view the NURSYS web site at www.nursys.com to see if your verification can be processed through NURSYS.** You must complete the NURSYS Licensure Verification process, pay their fee, and designate WI as the recipient of the verification. **The Licensure Quick Confirm Report will not be accepted by the Board as proof of verification.**
 - **If the state in which you currently have or initially held a license as a RN/LPN is not one of the participating states which use the NURSYS verification process,** contact each state board to request a verification of licensure be sent to Wisconsin. This verification must be returned directly from the other state board(s) to the WI DSPS. Verification can be mailed to address given above or emailed directly to DSPSCredNursing@wisconsin.gov. **Verifications received from the applicant will be rejected by the Board.** NOTE: Our department does not have a form to make this request as each state Board has their own standardized verification letter.
2. **Temporary Permit for Endorsement applicants (optional):** The temporary permit would only be needed if your initial exam state or current state of licensure does not participate in NURSYS license verification. If review of the file is necessary (i.e. convictions, malpractice, etc.), we would not be able to issue a temporary permit. If a temporary permit is needed, check the temporary permit box on page 1 of the application and submit an additional \$10.00 fee.

LICENSURE BY RE-REGISTRATION: (applicants who have held a previous WI license that has been expired for five (5) or more years)

1. **Verification of Licensure:** The Department requires verification of licensure of any current state license or verification of any state license issued after expiration of the WI license if the applicant does not hold a current license in another state. See 'How to verify to DSPS' above for instructions.

How to verify to DSPS

- **To obtain verification from another state board, you must first view the NURSYS web site at www.nursys.com to see if your verification can be processed through NURSYS.** You must complete the NURSYS Licensure Verification process, pay their fee, and designate WI as the recipient of the verification. **The Licensure Quick Confirm Report will not be accepted by the Board as proof of verification.**
- **If the state in which you currently have or initially held a license as a RN/LPN is not one of the participating states which use the NURSYS verification process,** contact each state board to request a verification of licensure be sent to Wisconsin. This verification must be returned directly from the other state board(s) to the WI DSPS. Verification can be mailed to address given above or emailed directly to DSPSCredNursing@wisconsin.gov. **Verifications received from the applicant will be rejected by the Board.** NOTE: Our Department does not have a form to make this request as each state Board has their own standardized verification letter.

NURSE REFRESHER COURSE REQUIREMENTS: (for Endorsement or Re-Registration Applicants—this does not apply to Exam applicants)

An applicant, who does not have current nursing education or has not been employed in a position that requires a nursing license within the last five (5) years, may apply to the Board for a limited license to enable the applicant to complete a nursing refresher course(s) approved by the Board. Upon successful completion of an approved nursing refresher course(s), the license holder may petition the Board for full licensure.

For a list of Board Approved Nurse-Refresher courses please visit our website at <http://dsps.wi.gov/Boards-Councils/Board-Pages/Board-of-Nursing-Main-Page/Board-of-NursingNursing-Refresher-Courses/>.

NOTICE

If an application file does not have any activity for one year or more, it may be abandoned/withdrawn on our system without notification to the applicant. It is recommended to complete the application process in a timely fashion to ensure this does not happen.

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BOARD OF NURSING

REGISTERED NURSE/LICENSED PRACTICAL NURSE LICENSURE APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
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Address (street, city, state, zip) <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 95%;" type="text"/>
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Mailing Address (if different) <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>
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Social Security # <input style="width: 95%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Email Address

List your state of primary residence: ("Primary State of Residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)

If not Wisconsin, do you plan to move to Wisconsin and take up primary residence? Yes No

List your state of Original Licensure: (not required for exam applicants)

If no, list a state of current licensure:

For Re-registration applicants only: WI License Number:

Date of Expiration: / /

Nursing School Name <input style="width: 95%;" type="text"/>	School Address (street, city, state) <input style="width: 95%;" type="text"/>
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Nursing Program Start Date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	Date of Graduation/Completion <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	Type of Degree/Program <input style="width: 95%;" type="text"/>
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APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)

Exam Applicants (NCLEX) **Endorsement Applicants**
 RN LPN RN LPN

\$ 75.00 Initial Credential Fee **\$ 82.00 Total Fee Attached**
 \$ 15.00 Contract Exam Fee

\$ 90.00 Total Fee Attached

Temporary Permit Request \$10.00 in addition to the above fee (non-refundable)

Re-Registration Applicants (license expired more than five (5) years)
 \$ 82.00 Renewal Fee
 \$ 4.00 Nursing Workforce Survey Fee
 \$ 25.00 Late Renewal Fee (not required if returning from a compact state)
\$111.00 Total Fee Attached

For Receiving Use Only (30/31)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #3087**) and appropriate fee
- WI Board-approved Statement of Graduation or Completion from Nursing School (**Form #259**), (Exam applicants from a WI Board-Approved Schools only)
- Verification of Licensure
- Official Transcripts, (for Exam Applicants from a Non-WI Board-Approved School in U.S. only)
- CGFNS Certificate (RN foreign Graduate Exam Applicants only).
- CES Report from CGFNS (LPN foreign Graduate exam applicant only)
- TOEFL/IELTS (LPN foreign graduated exam applicant only)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Please Note: WI does not require fingerprinting.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

PRACTICE: Account for all activities and practice starting from the date of graduation of nursing program to the present date or if you graduated more than five (5) years ago, account for all activities and practice within the last five years, starting from five years preceding this application to the present date. Must include professional and nonprofessional activities. All time and dates must be accounted for. Please include dates unemployed. Example: stayed home to raise children, worked in retail, etc. (Attach additional sheets, if necessary.) **If currently employed at a facility indicate ‘to present’ in lieu of a “To” date.** Any nursing position must specify the level of nursing, i.e. ‘Nurse Case Manager’ is not sufficient; position must specify RN, LPN, etc.

Employer Name	Location of Employment (City/State)	Dates Employed (Month/Year)	Position Held (i.e. office staff, food service, RN, LPN, NP, etc.)
<input style="width: 100%; height: 100%;" type="text"/>	(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 20px; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 20px; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 20px; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

Check this box if you have not worked within the last five (5) years and are requesting a limited license for the sole purpose of completing the clinical portions of a nurse refresher course.

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

Please refer to the Verification of Licensure section on page ii for details on how to get your license(s) verified to Wisconsin.

<input style="width: 100%; height: 100%;" type="text"/>										
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Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, province of Canada examination, or NCLEX? If yes, give details. <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been terminated from any employment related to nursing? If yes, give related details in a personal statement, including name of employer(s) and date(s) of employment and facts involved in being terminated. Attach any additional documentation regarding termination, including but not limited to any written warning or termination letter. If no documentation is available, please attest to that in your personal statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered, certified, or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a Registered Nurse/Licensed Practical Nurse" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned nursing judgments and to learn and keep abreast of nursing developments; and
2. The ability to communicate those judgments and nursing information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform nursing tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

11.	Do you have a medical condition, which in any way impairs or limits your ability to practice nursing with reasonable skill and safety? If no, you may skip questions 12 and 13. If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If yes to question 11, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 11, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice nursing with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	If yes to question 16, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

Date: / /