PLEASE NOTE:

If you have previously obtained a New Jersey Nursing License, Please **DO NOT** fill out this application. Contact the New Jersey Board of Nursing at (973) 504-6430 for assistance.

Thank you
Official Application for Professional Nurse Licensure by Endorsement

Directions: Answer each question on this page and on each of the following pages. Attach a passport-type photograph to the space indicated on this application. Sign the application and have it notarized. Enclose an endorsement application fee of $75.00 and a license certificate fee of $65.00 (total $140.00) payable by money order or certified check to the New Jersey Board of Nursing. The $75.00 fee covers the application only and will not be refunded or held over. Only the license certificate fee of $65.00 is refundable if you are determined to be ineligible for licensure.

1. Name:  Mr. / Ms. / Mrs. ____________________________________________________________________________
   (Circle one) First name           Middle name               Last name             Maiden name, if applicable

2. Address: _______________________________________________________________________________________
   Street            City                State ZIP                County

3. Home telephone number: ___________________________ (include area code)

4. *Social Security Number: ___________ - _________ - _________
   You must disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

   *Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number and/or federal taxpayer identification number, and where neither is possessed, the reason for not having such number. The Board is further obligated to provide these identifying numbers to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

   You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

   You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b)), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

   I, ___________________________________________________ , ☐ Consent  ☐ Do Not Consent
   Applicant’s signature
to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

5. Date of birth: __________________________________________ Place of birth: ____________________________________
   Month               Day                         Y ear                                                                            City                                   State

6. School of Nursing and/or College: ___________________________________________________________________________
   Address: ________________________________________________________________________________________________
   Street            City                State ZIP                County
   Type of R.N. program: ___________________ Degree acquired: ______________ Length of program: ___________________
   Date of entrance: ______________________________  Date of successful completion: ______________________________
   Month                Y ear                                Month        Y ear

7. High School: ____________________________________________________________________________________________
   Address: _______________________________________________________________________________________
   Street            City                State ZIP                County
   Years attended: ___________________________ Diploma: ___________________________ Date: ______________________________
   Month        Y ear

Please continue on the next page

Official Use Only  Fee date Money Order License No. R. __________________
Date Miscellaneous
8. Licenses–State of original licensure and all other states of licensure.
   A. By State Board exam
      State: ________________ Date: _______________ R.N. license no.: ________________
   B. By endorsement
      State: ________________ Date: _______________ R.N. license no.: ________________
   C. By endorsement
      State: ________________ Date: _______________ R.N. license no.: ________________
   D. By any other state(s)

9. Have you ever been denied a license in New Jersey or any other state? □ YES □ NO
   If “YES,” provide the following details:
   License for which you applied: ____________________________ Date: _______________________ State: _______________
   Under what name: _______________________________________________________________________________________
   First name Middle name Last name Maiden name, if applicable
   Reason for denial: ________________________________________________________________________________________
   (Use additional paper if necessary.)

10. Have you ever applied for or taken the State Board examination in New Jersey? □ YES □ NO
    If “YES,” provide the following details:
    License for which you applied: ____________________________ Date: _______________________ State: _______________
    Under what name: _______________________________________________________________________________________
    First name Middle name Last name Maiden name, if applicable

The photograph, with a white background and your features clear-cut, must be a regular passport-type photograph. Your face must be at least one-inch long in the photo. Paste the photo here. Do not use tape. The photograph must have been taken within the past six months. Please sign your name on the front of the photograph, but do not write over the features of the photograph.

You must answer all of the following questions. If you answer “YES,” to any of these questions, you must attach relevant documentation (complaint, court order/decision, certification of any termination of probation, etc.). If your license has been reinstated, attach a copy of the reinstatement order.

11. Has any action ever been taken against your nursing license by any licensing board or state or federal agency? □ YES □ NO
    If “YES,” explain in an accompanying letter along with certified copies of the administrative complaint, final decision and order, and the reinstatement order, if any. You may obtain these documents from the Board of Nursing in the state where you were disciplined.

12. Is there any action pending against your nursing license by any state licensing board or state or federal agency? □ YES □ NO

13. Have you ever been permitted to surrender or otherwise relinquish your nursing license to avoid investigation or action by any state licensing board or state or federal agency? □ YES □ NO
    If “YES,” explain in an accompanying letter along with certified copies of the administrative complaint, final decision and order, and the reinstatement order, if any. You may obtain these documents from the Board of Nursing in the state where you were disciplined.

14. Have you ever been arrested, indicted or convicted for the violation of any law or regulation? (Minor traffic offenses such as parking or speeding violations need not be listed. However, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.)* □ YES □ NO
    If “YES,” explain in an accompanying letter along with a certified copy of the court record.
*Please submit certified copies of the indictment, judgment of conviction, sentencing order and any termination of probation order and proof that penalties/fines were paid in full. You may obtain these documents from the clerk in the county where the incident took place and which disposed of your case. Failure to identify any violation of law may result in a fine of up to $1,000 and permanent disqualification from licensure/certification.

Each licensee has a continuing obligation to report to the New Jersey Board of Nursing any changes of information regarding the questions in this application, as is required by the self-reporting requirements of N.J.A.C. 13:37-5.9.

**AFFIDAVIT**

This affidavit is to be executed by the applicant before a notary public:

State of: __________________________________________________
County of: ________________________________________________

I, ________________________________________________ , in making this application to the New Jersey Board of Nursing for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1.1 et seq., and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

______________________________
Signature of applicant

Sworn and subscribed to before me this _________________

day of _________________ , ________________
Month ________________ Year

______________________________
Name of Notary Public (please print)

______________________________
Signature of Notary Public

Affix Seal Here