



Vermont Board of Nursing

INSTRUCTION TO APPLICANTS FOR LICENSURE AS A LICENSED PRACTICAL NURSE

NCLEX RETAKE (Domestic) – Applicant must submit the following:

1. Complete Vermont Application.
2. Application Fee of \$30.00 (Non-Refundable Processing Fee). Checks/Money orders are payable to Vermont Secretary of State. Credit/Debit cards are not accepted.
3. 2x2 Photo (Passport sized photo of head and shoulders taken within the last 6 months other than your driver's license or passport)
4. Register with Pearson VUE to retake the NCLEX.

NOTE: Any change of address or other contact information, by an applicant or licensee, must be forwarded to this office no later than thirty (30) days after change occurs.

Send completed form to:

Vermont Board of Nursing

Office of Professional Regulation

89 Main Street, 3rd Floor

Montpelier, VT 05620-3402

Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders, 15 V.S.A. § 795(b): “Good standing” for child support is defined by 15 V.S.A. § 795(d). You must check the appropriate box. As of the date of this application:	
<input type="checkbox"/>	I am not subject to a child support order.
<input type="checkbox"/>	I am subject to a child support order and I am in “good standing” or in full compliance with a plan to pay any and all child support.
<input type="checkbox"/>	I am subject to a child support order and I am NOT in “good standing” or in full compliance with a plan to pay any and all child support. Please contact the Office of Child Support at (802) 241-2319. OCS must report your compliance to this office before you may be issued a license.

TAXES:

Taxes Due to the State of Vermont, 32 V.S.A. § 3113(b): “Good Standing” for taxes due is defined by 32 V.S.A. § 3113(g). You must check the appropriate box. As of the date of this application:	
<input type="checkbox"/>	I am in “good standing” with respect to, or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes.
<input type="checkbox"/>	I am NOT in “good standing”* with respect to or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes. Please contact the Vermont Department of Taxes at (802) 828-2515 for more information. The Tax Department must report your compliance to this office before you may be issued a license.

DISTRICT COURT FINES/JUDICIAL BUREAU:

Court judgments for fines or penalties, 4 V.S.A. § 1110(b): “Good standing” for court judgments is defined by 4 V.S.A. § 1110(c). You must check the appropriate box. As of the date of this application:	
<input type="checkbox"/>	I have no unpaid judgments issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
<input type="checkbox"/>	I am in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
<input type="checkbox"/>	I am NOT in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense. You must provide this office documentation of compliance before you may be issued a license.

RESTITUTION ORDERS:

Unpaid Judgments, 13 V.S.A. § 7043a: “Good standing” for restitution orders is defined by 13 V.S.A. § 7043a(c). You must check the appropriate box. As of the date of this application:	
<input type="checkbox"/>	I have no restitution order.
<input type="checkbox"/>	I am in “good standing” with respect to any restitution order.
<input type="checkbox"/>	I am NOT in “good standing” with respect to any restitution order. You must provide this office documentation of compliance before you may be issued a license.

Section C: Vermont Mandatory Credential and Fitness Questions

Circle **Yes** or **No** for each of these questions. If the answer is **Yes**, follow the instructions provided.

Have you committed acts of abuse, neglect, or misappropriation of patient property? <i>If "Yes," provide a detailed written explanation and attach all related documents.</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) taken any disciplinary action (restricted, suspended, revocation or conditioned) against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate or registration to a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and copies of any applicable documentation.</i>	Yes	No
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Are you currently under investigation by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you EVER been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents (i.e., affidavit of probable cause, the information and/or the docket report.)</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a(a)(11).

The answers to the following questions are not subject to public disclosure:

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? <i>If "Yes," please provide the contract/stipulation under which you are practicing.</i>	Yes	No
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Number of times you have taken the NCLEX: _____

Dates Taken: _____
 Month/Year Month/Year Month/Year Month/Year Month/Year

Administrative Rules Part 6.5(c) Retaking Examinations:

An applicant who has not successfully completed the licensing examination within 5 years of graduation must once again successfully complete an approved nursing education program.

All required documents must be received by this office within 1 year of receipt of this application. If application remains incomplete after 1 year it will be destroyed. If you are interested in reapplying, a new application and fee must be submitted.

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)	
Signature of Applicant	Date

Send completed form to:
Vermont Board of Nursing
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402