Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
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Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

BOARD OF NURSING

INFORMATION FOR REGISTERED NURSE/LICENSED PRACTICAL NURSE LICENSURE

(FOR APPLICANTS WITH A SINGLE-STATE WI LICENSE ONLY)

Applicants with a **current single-state** Wisconsin license wishing to obtain a multi-state license are required to complete this application **Form #3210** in its entirety and submit to our department for review/processing. In addition to the complete application, you are required to obtain an FBI criminal background check and submit **Form #2687** with a photograph (head and shoulders only).

Applicants that were granted a Wisconsin multi-state license on or after July 21, 2017, will automatically be converted to a Wisconsin single-state license on January 18, 2018. If you wish to obtain a Wisconsin multi-state license you are required to complete this application **Form #3210** in its entirety and submit to our department for review/processing. In addition to the complete application, you are required to obtain an FBI criminal background check and submit F**orm #2687** with a photograph (head and shoulders only).

1. **Fingerprints** – If you are applying for a multistate license you will receive information on how to obtain digital fingerprints after the Department has received this application **and** a signed Authorization for Release of FBI Information (**Form #2687**) with a photograph - head and shoulders only).

2. **Authorization for Release of FBI Information (Form #2687)** – Provisions set forth in Title 28, Code of Federal Regulations (CFR) Section 16.34, require us to notify you that your fingerprints may be used to check the criminal history records with the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency, or other authorized entity. The Department of Safety and Professional Services does not deny a license based on the information in the record itself, but does require the submittal of a certified copy of the criminal complaint and judgment of conviction in any matter which would appear to be cause for denial of a license.

Committed to Equal Opportunity in Employment and Licensing

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BOARD OF NURSING

REGISTERED NURSE/LICENSED PRACTICAL NURSE LICENSURE APPLICATION

(FOR APPLICANTS WITH A SINGLE-STATE WI LICENSE ONLY)

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK ☐ Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name	**First Name**	**MI**	**Former / Maiden Name(s)**

Address (street) (city) (state) (zip code)

Daytime Telephone Number ___ - ___ - ____

Mailing Address (if different) (street) (city) (state) (zip code)

Date of Birth __/__/____

Social Security Number ___ - __ - ____

Your Social Security 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.

Ethnicity/gender status information is optional.

GENDER ☐ M ☐ F

ETHNICITY ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Hispanic ☐ Other

E-mail 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

WI License Number:

Date of Expiration: __/__/____

Nursing School Name

School Address (street, city, state)

Type of Degree/Program

Nursing Program Start Date (mm/dd/yyyy) **TO** **Date of Graduation/Completion** (mm/dd/yyyy)

__/__/____ __/__/____

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

- ☐ Application (**Form #3210**)
- ☐ Convictions and Pending Charges (**Form #2254**), 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.
- ☐ Fingerprints via FieldPrint
- ☐ Authorization for Release of FBI Information **(Form #2687)**, with photograph (head and shoulders only).

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

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets 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.**	☐ Yes ☐ No
2.	Have you ever failed to pass any state board examination, province of Canada examination, or NCLEX? **If yes, give details.**	☐ Yes ☐ 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.**	☐ Yes ☐ No
4.	Have you ever been terminated from any employment related to nursing that occurred within the 10 years immediately preceding the date of this application? **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.**	☐ Yes ☐ 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.**	☐ Yes ☐ No
6.	Since the date your Wisconsin single-state licensure was granted or last renewed (whichever occurred most recently), have you 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. **If yes, submit Convictions and Pending Charges Form #2254 and supporting documentation for each conviction and pending charge since the date your license was granted or last renewed (whichever occurred most recently).** **If no, submit Convictions and Pending Charges Form #2254 without previously submitted documentation.**	☐ Yes ☐ 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.**	☐ Yes ☐ 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).**	☐ Yes ☐ No
9.	Are you registered, certified, or licensed in any other profession(s)? **If yes, state what profession(s) and in what state(s):**	☐ Yes ☐ No
10.	Have you ever been credentialed under any other name(s)? **If yes, state name(s) credentialed under:**	☐ Yes ☐ 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, intellectual disability, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

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"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.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets 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 on an attached sheet.**	☐ Yes ☐ 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 on an attached sheet.**	☐ Yes ☐ 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 on an attached sheet.**	☐ Yes ☐ 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 on an attached sheet.**	☐ Yes ☐ No
15.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? **If yes, please explain on an attached sheet.**	☐ Yes ☐ No
16.	Are you currently engaged in the illegal use of controlled dangerous substances?	☐ Yes ☐ No
17.	Are you currently participating in a supervised rehabilitation program, professional assistance program, or alternative 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 on an attached sheet.**	☐ Yes ☐ 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 have provided to the Department of Safety and Professional Services change.

Signature: _____ **Date:** ☐☐ / ☐☐ / ☐☐☐☐

(Print and Sign Form)

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