



## GEORGIA BOARD OF NURSING

Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217  
Telephone: (478) 207-2440  
Fax: 1-877-371-5712  
Web Site: [www.sos.ga.gov/plb/rn](http://www.sos.ga.gov/plb/rn)

### INFORMATION SHEET FOR LICENSURE BY ENDORSEMENT AS A REGISTERED PROFESSIONAL NURSE

#### GENERAL INFORMATION

**\*\*\* WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.\*\*\***

**Read these instructions prior to completing the application. Failure to read and follow instructions may cause unnecessary delays in processing the application.**

You **MUST NOT** engage in registered nursing practice in the state of Georgia until you have a valid license to do so.

- A.** This application is for **RN licensure by endorsement**.
- B.** Criminal background checks are required by O.C.G.A. § 43-26-7 for each application submitted. Refer to the Georgia Board of Nursing website at [www.sos.ga.gov/plb/rn](http://www.sos.ga.gov/plb/rn) under "Download Forms" for "Instructions for Applicants in the State of Georgia to Obtain Fingerprints for a Background Check" and "Instructions for Out of State Applicants to Obtain Fingerprints for a Background Check." Both in state and out of state applicants must register with Cogent Systems and follow the guidelines found at their website at [www.ga.cogentid.com](http://www.ga.cogentid.com).  
**DISCLAIMER: The Georgia Board of Nursing is not responsible for unacceptable or rejected fingerprints submitted; it is the vendor's responsibility to provide acceptable fingerprints.**
- C.** O.C.G.A. §43-26-7 requires that applicants have graduated from an approved nursing education program as defined in O.C.G.A. §43-26-3. If your education program is not accredited by a regional accrediting agency recognized by the United States Department of Education you may not be eligible for licensure.
- D.** Applicants who are graduates of a non-traditional nursing education program as defined in O.C.G.A. §43-26-7(e) must meet certain education and practice requirements. If completion of these requirements cannot be documented the applicant will be required to complete a Board approved preceptorship as described in O.C.G.A. §43-26-7. Please refer to the Georgia Board of Nursing's website at [www.sos.ga.gov/plb/rn](http://www.sos.ga.gov/plb/rn) to review the Georgia law and the Board's Rules and Regulations. Instructions for Nontraditional Nursing Education Program Applicants may also be found at the Board's website under the "Download Forms" link.
- E.** Should a preceptorship be required and once a proposed plan for preceptorship is approved by the Board, a six (6) month temporary permit may be issued to the applicant. The applicant is expected to complete the preceptorship within six (6) months. Upon receipt of a written request from the applicant and an updated clinical schedule provided by the Agency Coordinator a temporary permit may be renewed one time for an additional six (6) month period.
- F.** Answer all questions. If you leave any spaces blank it may delay the processing of your application. Indicate **N/A** for any blanks that are not applicable.

- G. A complete application includes the **non-refundable** application fee of \$60.00 (certified check, cashier's check or money order) payable to the Georgia Board of Nursing, and all required supporting documentation.
- H. All applicants who have obtained their nursing education outside of the U.S. or from a nontraditional education program may be requested to provide a Nursing and Science Course-by-Course Report from the Commission on Graduates of Foreign Nursing Schools' (CGFNS) Credentials Evaluation Service (CES) to be sent directly to the Board office. The contact information for the Commission on Graduates of Foreign Nursing Schools is: 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651, Phone: (215) 222-8454; Fax: (215) 662-0425; [www.cgfns.org](http://www.cgfns.org).

## APPLICATION INSTRUCTIONS

**Legal Name** - Your name must be consistent on this application. Your signature line must match the First, Middle, and Last Name. **If your name changes during the application process, you must request a name change in writing and provide the appropriate legal documents to support the change.**

**Residential/Mailing Address:** A residential (physical) address **is required** for all licenses. You **may not provide** a PO Box for the address. Provide a complete address. If you provide a PO Box mailing address, you must also supply us with a physical address as well. If you are granted a license, your name, license number, mailing address are public information and will be accessible on the Secretary of State's website for purposes of licensure verification, pursuant to O.C.G.A. 43-1-2 (k). **You are required to notify the Georgia Board of Nursing of an address change within 30 days. Sending a notice to the U.S. Postal Service will not fulfill this requirement.** You may update your address by visiting our website at [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb) or by submitting the change, in writing, to the Board office.

**Social Security Number** – This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§19-11-1 et seq. and O.C.G.A. §§20-3-295 et seq., 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB), other licensing boards and other regulatory agencies for license tracking purposes.

**Email Address** - Email is the primary means to communicate application deficiencies and resolve issues with your application. It is your responsibility to update your email address with the Board office. You may process these changes at [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb). Your email address will not be shared with third parties.

**Nursing Education** – Provide information regarding all education received leading to initial licensure.

**Official Transcripts/Certificates** – Submit all official transcripts and program certificates with course descriptions.

**Previous Application for Licensure in Georgia** – Complete this question if you have ever applied, obtained a temporary permit, or were made eligible by our board to take the NCLEX. Where not applicable, indicate N/A. If you have previously held RN licensure in Georgia, you are not eligible to apply for licensure by endorsement. You must complete the application for licensure by reinstatement.

**State of Original and Current RN Licensure** – Provide the state or U.S. territory in which you were originally licensed as a registered nurse based upon passing a Georgia Board of Nursing recognized licensing exam. See Georgia Board of Nursing Rules and Regulations Chapter 410-7-.01(1)(a)1-3 to determine approval status of the examination taken. If you have never passed a Georgia Board of Nursing recognized licensing examination for registered nurses, you are not eligible for licensure by endorsement. You must complete the top portion of the Verification of Original Licensure and send it to the state in which you passed your examination and were issued your original RN license. If your licensure in that state is current, it is only necessary to obtain that verification. Verification from a state where a current RN licensure is held must be included with your application. You must contact NURSUS (www.nursus.com) for verification of licensure in any state who utilizes the NURSUS system. States affiliated with the NURSUS system are not required to complete the Georgia verification form.

**All Other Licenses** – List all states in which you have ever been licensed as an RN. If you have used other names, please provide the name under which the license was issued.

**Practice as a Registered Professional Nurse** – The Georgia Board of Nursing Rules and Regulations require that in order to obtain a Georgia RN license by endorsement you must have engaged in the “practice of nursing” for compensation for at least 3 months or 500 hours during the four years immediately preceding the date of this application. Refer to O.C.G.A. § 43-26-3 to determine if you have engaged in the practice of nursing when you were licensed. The practice of nursing is not limited to the clinical practice or direct hands on care. It is not necessary to list all employers, only sufficient practice hours to meet requirements. You must provide a complete address for the employer. If the position did not require RN licensure and does not fall within the definition of the practice of nursing, then do not list it as a RN position. Your license must be current to engage in licensed practice. An applicant for licensure who has begun employment as a registered nurse in Georgia prior to issuance of a license may be subject to disciplinary action. The Board requires a personal, notarized, detailed letter of explanation and detailed employment information from the employer’s HR department for any RN practice in Georgia without a valid license. If you have graduated from an approved nursing education program (as defined by O.C.G.A. §43-26-3(1.2)) within four years of the date of application you are not required to meet the practice requirement.

**Board Disciplinary Actions/Legal Convictions** – If you respond “yes” to the legal/discipline question(s), include certified copies from the appropriate court(s) or agency in a sealed envelope with your application. Be sure to include a detailed explanation of each offense with the application.

## APPLICATIONS PROCESSING INFORMATION

- A. To ensure fairness to all applicants, all applications are reviewed in the order in which they were received. If all the necessary documentation is present and the appropriate verifications of licensure have been received, the license is approved and issued following that review. If the application documentation is incomplete, a letter or email is sent to the applicant notifying them of the deficiencies. If your application for licensure is approved, the license is issued. The license will be sent directly to the official mailing address provided by the licensee. You can track your application status at [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb).
- B. An application is valid for one year from the date of submission. If licensure has not been approved within the year, the application will be rendered expired. If the applicant wishes to pursue licensure, a new application, fee, and supporting documents must be resubmitted.
- C. Upon receipt of the license, the applicant should verify the accuracy of all information. Notify the Board in writing immediately if there are any typographical errors.

## LEGAL REQUIREMENTS TO PRACTICE AS A REGISTERED NURSE IN GEORGIA

- A. Any person practicing or offering to practice nursing or using the title “registered professional nurse,” as defined in O.C.G.A. §§ 43-26-1 et.seq. within the State of Georgia, shall be licensed as provided in O.C.G.A. §§ 43-26-1 et.seq.
- B. Any person licensed as a registered professional nurse shall identify that he or she is so licensed by displaying either the title “registered professional nurse” or “registered nurse” or the abbreviation “R.N.,” on a name tag or other similar form of identification during times when such person is providing direct patient care according to O.C.G.A. §§ 43-26-6(c).
- C. Upon receipt of your original pocket card, note the expiration date. **THE BOARD WILL NOT MAIL RENEWAL NOTICES.** It is your responsibility to renew your license on or prior to your expiration date. Paper renewals will only be available by request. If you need a paper renewal, you may contact the Georgia Board of Nursing at (478) 207-2440.

FOR BOARD USE ONLY  
 Amount Submitted \_\_\_\_\_  
 Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
 Certificate Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Applicant No. \_\_\_\_\_

**GEORGIA BOARD OF NURSING**  
 237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440  
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**APPLICATION FOR LICENSURE BY ENDORSEMENT AS A REGISTERED PROFESSIONAL NURSE**

License Type: RN  
 Method Obtained by: Application Fee \$60 (non-refundable) (X) Endorsement

**Part I: Personal Information:**

1. Legal Name to appear on License:

\_\_\_\_\_ LAST FIRST MIDDLE MAIDEN

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

\_\_\_\_\_ LAST FIRST MIDDLE MAIDEN

3. Social Security #: \_\_\_\_\_ Date of Birth: M M - D D - Y Y Y Y

\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

4. Gender:  Male  Female

5. Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX NOT ACCEPTABLE) APT #  
 \_\_\_\_\_ - \_\_\_\_\_  
 CITY STATE ZIP

6. Mailing

Address\*:

NUMBER AND STREET (P.O. BOX ACCEPTABLE) APT #  
 \_\_\_\_\_ - \_\_\_\_\_  
 CITY STATE ZIP

\*Pursuant to O.C.G.A. §43-1-2 (k) your name, mailing address and license number are public information and will appear on Secretary of State's website.

7. Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

8. E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**9. APPLICANT AFFIDAVIT:**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of \_\_\_\_\_, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on page \_\_\_\_ of the application.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of \_\_\_\_\_ and/or criminal prosecution.

10. Country of Birth: \_\_\_\_\_

**PREVIOUS LICENSURE INFORMATION**

11. Have you ever applied for licensure in Georgia?

Endorsement:  No  Yes Examination:  No  Yes

If yes, when? \_\_\_\_\_ Under what Name? \_\_\_\_\_

12. State of Original RN Licensure in the United States or its territories. Identify the name of the RN exam taken and date the exam was passed leading to licensure:

State: \_\_\_\_\_ Year Issued: \_\_\_\_\_  
 RN Exam Taken: \_\_\_\_\_ Date Passed: \_\_\_\_\_

Proof of license verification (See Below):

**The applicant is responsible for contacting the state of Original and Current RN licensure for verifications. The applicant must provide verifications in a sealed envelope directly from the other boards with this application. Please refer to www.NURSYS.com to determine if any verification should be requested from NURSYS.**

List all states in which you have ever been licensed as an RN: (Use additional paper if necessary.)

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EDUCATION INFORMATION**

13. List all Nursing schools attended:

Name of School	City /State/Zip Code or Country	Did you Graduate?
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

14. Education Completed: (Check all that apply):

Certificates	LPN Degree Conferred	RN Degree Conferred	
<input type="checkbox"/> Military Medical Corpsman <input type="checkbox"/> Paramedic	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma	<input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> BSN	<input type="checkbox"/> APRN Certificate <input type="checkbox"/> Master's Degree in Nursing <input type="checkbox"/> Doctoral Degree in Nursing

## OFFICIAL TRANSCRIPTS/CERTIFICATES

15. Submit official transcripts in sealed envelope verifying your enrollment/graduation date from each nursing education program listed and copies of all program certificates obtained with course descriptions. You must include information regarding your school's accreditation status at the time of your graduation. **(Must be submitted with this application.)** To be considered for licensure, your nursing education program must meet the requirements of O.C.G.A. §43-26-3(1.2). This information can be found by visiting our website at [www.sos.ga.gov/plb/rn](http://www.sos.ga.gov/plb/rn).

## EMPLOYMENT HISTORY

**16. Employment History:**

**Graduates of Traditional Nursing Education Programs:**

- A. If you graduated from a traditional nursing education program, have you practiced as an RN for at least three (3) months or 500 hours during the four (4) years immediately preceding the date of this application?

(Any applicant that does not meet these practice requirements **MUST** complete a Georgia Board of Nursing approved re-entry program. This requirement does not apply to applicants who graduated from a nursing education program within four years of the date of application.)  No     Yes

**Graduates of Nontraditional Nursing Education Programs:**

- B. If you entered the nontraditional nursing education program as a licensed practical nurse, you must be able to document one year of practice in a health care facility (as defined in O.C.G.A. §43-26-7) as a registered nurse in the three years preceding the date of application.
- C. If you entered the nontraditional nursing education program as anything other than a licensed practical nurse, you must be able to document two years of practice in a health care facility (as defined in O.C.G.A. §43-26-7) as a registered nurse in the five years preceding the date of application.

**The Board of Nursing makes licensure decisions based on the information submitted on this application. Refer to the Nurse Practice Act, OCGA §§ 43-26-3 for the "Practice of Nursing" Definition. If the practice does not fall within the definition of the Practice of Nursing and does not require RN licensure, DO NOT list it below. A verification of employment form must be provided for each employment which verifies the number of hours worked in locations listed on the grid below. Any applicant practicing as an RN without licensure will be subject to Board review. The Board requires a personal, detailed, notarized letter of explanation and detailed employment information from the employer's HR department for any RN practice in Georgia without valid license.**

Employer's Name/Address	Actual Workplace Location Facility Name/City/State	Position Title	Is RN Licensure Required?	Approximate Calculation of Hours Worked	Dates From - To (mo/yr)-(mo/yr)
<b>A.</b>					
<b>B.</b>					
<b>C.</b>					

**PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION**

**17. Board Disciplinary Actions/Legal Convictions:** (Answer ALL Questions)

**A.** Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a “conviction” includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). **NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.**

No      Yes

If “yes”, have you included a certified copy of the court records and final disposition in a sealed envelope from the court with your application? In the event the file no longer exists, you must submit documentation from the court stating that fact.

Have you included a personal, detailed letter explaining each incident?       No      Yes

**B.** Has any licensing board or agency in Georgia or any other state ever:

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| (a) Denied your application for licensure, renewal, or reinstatement?     | <input type="checkbox"/> No | Yes <input type="checkbox"/> |
| (b) Revoked, suspended, restricted, sanctioned, or probated your license? | <input type="checkbox"/> No | Yes <input type="checkbox"/> |
| (c) Requested or accepted surrender of your license?                      | <input type="checkbox"/> No | Yes <input type="checkbox"/> |
| (d) Reprimanded, fined, or disciplined you?                               | <input type="checkbox"/> No | Yes <input type="checkbox"/> |

If “yes”, have you included a certified copy of that board or agency’s action against your license with relevant supporting documents in a sealed envelope from the board or agency with your application?

No      Yes

Have you included a personal, detailed letter explaining each incident?       No      Yes

Provide the name of the agency or board in the space provided.

\_\_\_\_\_  
Name of agency or board

**NOTARIZED SIGNATURE BY APPLICANT**

19. I, \_\_\_\_\_, certify that I am the person described and identified in this application. I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, true and accurate.

I hereby authorize the Georgia Board of Nursing to perform and to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure.

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature of Applicant**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
**(Signature of Notary Public)**

My Commission Expires: \_\_\_\_\_

***Have you...***

- Enclosed a \$60.00 non-refundable application fee for RN licensure?
- Answered each question?
- Recorded address for each employer?
- Have you registered with Cogent Systems for a criminal background check?

**Mail to:**

Georgia Board of Nursing  
237 Coliseum Drive  
Macon, Georgia 31217



**GEORGIA BOARD OF NURSING**

237 Coliseum Drive  
Macon, Georgia 31217

**VERIFICATION OF EMPLOYMENT FOR APPLICANTS FOR LICENSURE BY ENDORSEMENT**

**Instructions:**

1. Applicant: Only Complete and Sign Section I.
2. Submit this form to your employer to verify the numbers of hours worked. List all employment (Personnel Director, Human Resources Department) that can provide verification. Ask the employer to complete this form and place it in a sealed envelope for you to submit with your application.

**Section I (To be completed by applicant)**

\*The name and address of your employer on this form must match the name and address you listed under "Employment History" on the application.

Printed Name of Applicant: \_\_\_\_\_

**Last** **First** **Middle** **Maiden**

Applicant's Address: \_\_\_\_\_

**Street** **City** **State** **Zip Code**

**RELEASE:** I do hereby consent to and authorize the release of any and all records and information concerning my employment to the Georgia Board of Nursing. I understand this information is required as part of the application for licensure process.

**Signature of Applicant** \_\_\_\_\_ **Applicant Phone Number (s)** \_\_\_\_\_

**APPLICANT – DO NOT WRITE BELOW THIS LINE:**

**Section II (To be completed by person verifying employment):**

**Instructions:**

1. Complete Section II of this form.
2. **You must respond to all questions or this form will not be accepted by the Board office.**
3. Employment must have been for compensation.
4. Each title held with one employer requires a separate verification form completed.
5. Return the form to the applicant in a sealed envelope.

1. Name of Facility/Business/Employer: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Is this a federal agency of the United States Government?  No  Yes

Is this an acute care inpatient hospital?  No  Yes

Is this a long term acute care facility (LTAC)?  No  Yes

Is this an ambulatory surgical center or obstetrical facility as defined in O.C.G.A.§31-6-2?  No  Yes

Is this a skilled nursing facility which has at least one hundred (100) beds and provides health care to patients with similar health care needs as those patients in a long term acute care facility?  No  Yes

2. Physical Address of Location: \_\_\_\_\_

**City** **State** **Zip**

3. Employee's Position/Title: \_\_\_\_\_

4. Is an RN license a qualification/requirement for employment in this position?  No  Yes

5. Identify the actual physical location where the employee practiced to include facility name, city/state if different than # 2 above or indicate same as above:

\_\_\_\_\_

6. Employment Dates: From: \_\_\_\_\_ (mo/yr) - To: \_\_\_\_\_ (mo/yr)

Were there any periods of extended absence during employment?  No  Yes If "yes" please provide dates: \_\_\_\_\_



## DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

### Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. §50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR §274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR §274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. §50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR §274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS)(Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature) (Date)



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA BOARD OF NURSING**

237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440

**CONSENT FORM**

I hereby authorize the Georgia Board of Nursing ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

- \_\_\_\_ Working with mentally disabled  
\_\_\_\_ Working with elder care  
\_\_\_\_ Working with children