



Dear Applicant for Nursing Licensure in New Mexico,

Thank you for applying for **ENDORSEMENT** as a nurse in New Mexico. The information in this packet is designed to provide you with the necessary information needed to process your application in a timely manner. Your assistance in providing all required information will enable the board staff to process your application.

All required fees must be submitted and your application must be completed in its entirety before the application can be processed. Checklists are provided to ensure that all items have been addressed in your application. Please read the instructions fully and completely before sending in the application. Please be sure all items on the checklist are completed. You should keep a copy of the application and all other materials sent to the board office for your personal records.

When your application arrives at the Board, your fees will be deposited and verified before the staff can review your application. Be aware that verification of licensure from other states and transcripts from schools may take some time in arriving to the board office.

If you need to communicate with the board staff, you are encouraged to fill out our on-line Contact Form, available on our website (<http://bon.state.nm.us/>). Our office hours are: Monday – Friday; 8:00 am – 5:00 pm Mountain Time. We are closed on holidays.

Procedures for licensure by **ENDORSEMENT** in NM have been streamlined to expedite the processing of applications. We welcome your comments on how services can be improved.

**RN/LPN ENDORSEMENT INFORMATION****Keep a copy of your completed application for your records.**

You are encouraged to request your license verification from your original state of licensure by examination before submitting your endorsement application.

- **Do not submit** your application if you list a compact state as your primary state of residence. The current compact states are located at www.ncsbn.org and click on Nurse Licensure Compact, go to Participating States.
- If you were previously licensed in NM you are not eligible for licensure by endorsement in New Mexico. You must download the renewal/reactivation application off the NM Board of Nursing website at <http://bon.state.nm.us/>.
- Completed applications are reviewed in the date order received at the Board of Nursing.
- **If your mailing address changes while the application is being processed, please notify the board immediately. We will not forward any mail returned to us with an incorrect address.**
- Read all application guidelines and the NM Board of Nursing rules before completing your application. You can review the laws and rules through the Board website <http://bon.state.nm.us/>
- All sections must be answered completely. If an item does not apply, indicate with N/A. N/A is not an acceptable answer for YES or NO questions. Failure to submit a complete application will result in a processing delay. Providing false information to
- the NM Board of Nursing may deny your application.
- Applicants who endorse must submit fingerprint cards and appropriate fees with the application.
- Incomplete applications will not be processed until complete.

Eligibility Requirements: For regulatory requirements see 16.12.2 NMAC

- Prerequisites for Licensure by Endorsement:
 - Must have graduated from a state approved program for the preparation of nurses, Registered Nurse or Licensed Practical Nurse, and
 - Have a license in another state or territory of the United States, and
 - Licensed by passing a national licensure examination in English.
- Canadian applicants who have been endorsed by another state after passing the Canadian nursing exam in English or the NCLEX are eligible for endorsement into NM.
- LPN applicants initially licensed after July 1, 1969 must meet the educational requirements.
- Military personnel, licensed as LPNs by successful writing of the national licensing examination prior to July 1, 1977, may be licensed in New Mexico by endorsement providing their DD-214 shows the related civilian occupation to be "LPN."
- Continuing education is not required for initial licensure by endorsement. CE requirements must be met at the time of the first renewal.
- **APPLICATIONS BECOME NULL AND VOID ONE (1) YEAR AFTER BEING RECEIVED AT THE BOARD OFFICE.**
- FAXED applications will not be accepted.



RN/LPN ENDORSEMENT CHECKLIST

Final approval for endorsement can not be granted until your application is complete.

(Section 1)**FEES AND FINGERPRINT CARDS:**

Application Fee: You must submit the correct FEE with your application payable to the NM Board of Nursing.

Fingerprint cards: You must submit the fingerprint cards with your application with correct FEE payable to NM Department of Public Safety.

- **IMPORTANT NOTICE: APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED FINGERPRINT CARDS, STATE AND CRIMINAL BACKGROUND CHECK FORMS AND THE CORRECT BACKGROUND CHECK PROCESSING FEE.**

(Section 2)

PERSONAL INFORMATION: Applications will be processed with the complete name provided in this section. Be sure to use the same name and address on all documentation.

- **Name Change Documentation:** To request a name change you must submit proper documentation. Acceptable forms of proper documentation are a copy of a marriage license, divorce decree that indicates the restoration of your maiden name, or a court order. We are unable to accept a driver's license or social security card as proof of your name change.
- You must check the endorsement license type that you are requesting.
- A temporary license is available for an additional fee as noted on the application. A temporary license is valid for a period not to exceed six (6) months from the date of the application, is NOT renewable, and becomes null and void upon issuance of a current license.

(Section 3)

EDUCATION HISTORY: Complete all education history including your nursing education history. Include the highest degree held and your basic nursing educational preparation.

(Section 4)

DECLARATION OF PRIMARY STATE OF RESIDENCY: You must declare your primary state of residence. This is where you live and this is considered your fixed or permanent residence.

- If you declare one of these states as your state of residence, you CAN NOT endorse into New Mexico. The compact states are: [Arizona](#), [Arkansas](#), [Colorado](#), [Delaware](#), [Idaho](#), [Iowa](#), [Kentucky](#), [Maine](#), [Maryland](#), [Mississippi](#), [Nebraska](#), [New Hampshire](#), [North Carolina](#), [North Dakota](#), [Rhode Island](#), [South Carolina](#), [South Dakota](#), [Tennessee](#), [Texas](#), [Utah](#), [Virginia](#) and [Wisconsin](#).
- You may work in New Mexico if you have a compact state license with multi-state privilege.
- For more compact state information, you can go to the NM Board of Nursing website <http://bon.state.nm.us> and follow the links to information about New Mexico as well as national information through NCSBN website www.ncsbn.org
- If you are an Advanced Practice Nurse (CNP, CRNA or CNS) and do not have a compact state license with multi-state privilege you must endorse your RN and apply for Advanced Practice Endorsement.

**(Section 5)**

_____ **LICENSURE:** You must provide information about your original state of licensure, dates and other states of licensure (16.12.2.2 NMAC)

- NM requires verification DIRECTLY from the licensing authority that gave you your original license as a nurse. If your education is not verified by the licensing authority, you will be required to submit an official transcript.
 - Canadian applicants who have been endorsed by another state after passing the Canadian nursing exam in English or the NCLEX are eligible for endorsement into NM.
- If your original state of licensure is a compact state or utilizes NURSYS complete the NURSYS form on the NCSBN website www.nursys.com, follow directions for verification.
- If your original state of licensure does not verify on-line you must complete the endorsement request form, send to your current state of licensure with the appropriate fee. Your state of licensure will then send us official verification in writing. This process can take up to 30 days to complete. YOU MUST USE THIS FORM ONLY IF YOUR STATE IS NOT LISTED ON THE NURSYS SYSTEM.

(Section 6)

_____ **DISCIPLINARY:** All questions must be answered with a YES or NO.

(Section 7)

_____ **LEGAL SIGNATURE:** You must sign your legal signature and date the application.

- Applications not signed or dated will be returned to the address on your application. This will delay your application process.
- The legal name on the application is the name that will be used for endorsement. If you have a name change request you must go to the NM Board of Nursing website <http://bon.state.nm.us> and follow the directions for a legal name change notification to the board.



**RN / LPN ENDORSEMENT
PAYMENT FORM**

LEGAL NAME: _____
Last First Middle

Social Security # _____ **NM Nursing License #** _____ (may be N/A)

SELECT ONLY ONE FEE

<u>Endorsement Fees</u>		<u>Endorsement Fee with Temporary License</u>	
_____ Registered Nurse	\$ 110.00	_____ Registered Nurse	\$ 160.00
_____ Licensed Practical Nurse	\$ 110.00	_____ Licensed Practical Nurse	\$ 160.00

FEES ARE NON-REFUNDABLE. Fees are accepted only in the form of:

- o U.S. Money Order, Cashier's Check or Demand Draft drawn on U.S. banks and made payable to NM Board of Nursing.
- o Credit Cards: MasterCard or Visa, or
- o Cash (EXACT AMOUNT ONLY). **DO NOT MAIL CASH.**
- o **PERSONAL CHECKS OR DEBIT CARDS ARE NOT ACCEPTED.**

PAYMENT METHODS ACCEPTED:

Cashiers Check Money Order Demand Draft Business Check Credit Card
(MasterCard or VISA only)

SELECT CREDIT CARD: MasterCard Visa

CREDIT CARD NUMBER: _____ -- _____ -- _____ -- _____

EXPIRATION DATE: _____ / _____ ***NO DEBIT CARDS**
MM / YYYY

SIGNATURE:

**PAYMENT MUST BE ATTACHED TO THIS FORM (unless using credit cards).
ALL FEES ARE NONREFUNDABLE**

STAPLE ONCE HERE



RN/LPN ENDORSEMENT APPLICATION

APPLICATIONS BECOME NULL AND VOID ONE (1) YEAR AFTER RECEIVED AT THE BOARD OFFICE.

<p>Section 1 Please check Endorsement License Type: _____ RN _____ LPN</p> <p>Application Type: _____ Endorsement Fee \$ 110.00 _____ Endorsement & Temporary License \$160.00</p>	<p>For Office use only FILE# _____</p> <p>FP <input type="checkbox"/> \$ <input type="checkbox"/></p>
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Section 2 (Print Your Legal Name. This is the name that will appear on your license.)

Legal Name: _____
 Last First Middle Maiden

Mailing Address: _____
 Apt. _____

City State zip+4 County/Country

Date of Birth U.S. Social Security Number Gender: _____ Male Home Phone _____
 MM/DD/YYYY _____ Female Work Phone _____

E-mail Address: _____

Have you at any other time applied for or held a RN/LPN license in NM? No _____ Yes _____
 License Number/STATE: _____ Date: _____

List ALL Full Name(s) Surname, First or Middle) including any abbreviations as appears on transcripts and/or other nursing licenses: _____

Section 3

EDUCATION	SCHOOL NAME	CITY, STATE Or COUNTRY	DATE COMPLETED	DEGREE Type Granted:
High School				
Basic Nursing Program				

SECONDARY EDUCATION COMPLETED: Check One:

1. Less than high school graduate
2. High School Graduate or GED

HIGHEST DEGREE HELD: Check One:

- | | |
|--|---|
| <ol style="list-style-type: none"> 3. <input type="checkbox"/> Associate Degree 4. <input type="checkbox"/> Baccalaureate in other field 5. <input type="checkbox"/> RN Diploma 6. <input type="checkbox"/> Baccalaureate in Nursing | <ol style="list-style-type: none"> 7. <input type="checkbox"/> Masters in other field 8. <input type="checkbox"/> Masters in Nursing 9. <input type="checkbox"/> Doctorate in other field 10. <input type="checkbox"/> Doctorate in Nursing |
|--|---|

**BASIC NURSING EDUCATIONAL PREPARATION: Check One:**

- LPN: 1. Completion of Practical Nursing Program 2. Waiver/Experience
RN: 3. Diploma 4. Associate Degree 5. Baccalaureate or higher degree

Section 4 – DECLARATION OF PRIMARY STATE OF RESIDENCE – MANDATORY REQUIREMENT FOR LICENSURE IN NEW MEXICO

In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state (or country) of _____ is my primary state (or country) of residence and that such constitutes my permanent and principle home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.) Upon licensure in New Mexico, I intend to practice in the state (s) of _____

Section 5 – LICENSURE

First licensed by state or national licensing examination or equivalent in English on: Date: _____

In State: _____ and/or Country: _____

All states ever licensed in: _____

Have you at any other time applied for or held an RN/LPN license in New Mexico:

YES ____ (License No: _____) NO ____

Section 6 – DISCIPLINARY - Each of the following questions requires a YES or NO answer

If YES to any of these questions, you must explain in full (attach separate pages) and submit copies of all legal documents.

Has disciplinary action ever been taken against your nursing license?

NO ____ YES ____

If YES, please indicate:

DENIED ____ REVOKED ____ SUSPENDED ____ PROBATION ____ REPRIMAND ____ OTHER ____

Is disciplinary action pending against a (any) nursing license in another state?

NO ____ YES ____ List State(s) _____ Give Date _____

Have you ever been convicted of a felony or are you now charged with any felony in any state or federal court? Please include any felony charges that resulted in a guilty plea, nolo contendere plea, or a deferred or suspended sentence. A felony is generally a criminal charge with potential punishment of at least one year in prison or jail. If in doubt, disclose the charge or conviction with a copy of all relevant documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing.

NO ____ YES ____ List State(s) _____ DATE(S) _____

Section 7

I hereby make application for a license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and have enclosed the fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representation made on this application.

LEGAL SIGNATURE

DATE



NATIONWIDE CRIMINAL HISTORY SCREENING

The Nursing Practice Act 61-3-13 and 61-3-18 requires that applicants for initial licensure or endorsement, at their cost, provide the board with fingerprints and other information necessary for a state and national criminal background check. Your fingerprints will be submitted to the New Mexico Department of Public Safety for a statewide criminal history search and submitted to the Federal Bureau of Investigation, resulting in the generation of a nationwide criminal history record for you.

The nationwide criminal history record includes information concerning a person's arrests, indictments or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and correctional supervision, collected by criminal justice agencies and stored in the computerized data bases of the Federal Bureau of Investigation, the national law enforcement telecommunications systems, the Department of Public Safety or the repositories of criminal history information of other states.

Public law enforcement official or other agency staff trained by the New Mexico Department of Public Safety (DPS) or an equivalent state agency in another state/country must take fingerprints. Public law enforcement agencies include the Department of Public Safety, county sheriff, as well as state, municipal, campus, military and tribal police. In some locations it may be possible to find other agencies with staff trained to take fingerprints, including some local school districts. Some agencies may charge a fee to take the fingerprints. The applicant is responsible to pay the fee to the fingerprinting agency.

Fingerprint cards, required forms and applications for either licensure by exam or endorsement must be submitted to the board office. Applications will not be processed without fingerprint cards and required forms and background check fee. A permit-to-practice or a temporary license can be issued while the background check is being completed. A license will be issued when a pass report on NCLEX is received or an endorsement file is complete even if results from the nation wide criminal background check have not been received. If the background check reveals a criminal history of convictions of felonies or violations of the Nursing Practice Act a disciplinary hearing before the board will be scheduled and action can be taken against the license.

INSTRUCTIONS FOR FINGERPRINTING

Two fingerprint cards must be submitted. The on-line request form is available on our website, at this address: www.bon.state.nm.us/fingerprint_forms.php. The following boxes on the fingerprint cards **MUST** be completed: Signature of Person Being Fingerprinted / Name / AKA (if applicable) / DOB / CTZ / SEX RACE / HGT / WGT / EYES / HAIR / PLACE OF BIRTH

If these boxes are not completed, fingerprint cards will be sent back to the applicant and the application will not be processed.

The following items must be mailed to the New Mexico Board of Nursing;

- Application and fee
- Two completed fingerprint cards
- One completed Fingerprint Certificate Form
- One notarized Authorization For Release of Information Form
- Background Check Processing Fee of \$44.00

Fee accepted in these 3 payment types only:

Cashier's Check , Money Order or Demand Draft (drawn on US Bank)

in the amount of \$44.00 payable to: **NEW MEXICO DEPARTMENT OF PUBLIC SAFETY**

The \$44.00 may **NOT** be combined with the licensure fee. **Other forms of Payment will not be accepted.**



FINGERPRINT CERTIFICATE FORM

THIS FORM WILL BE COMPLETED BY THE AGENCY OFFICIAL TAKING THE FINGERPRINTS AND SENT BY THE APPLICANT TO THE BOARD OF NURSING

The undersigned hereby certifies that I am a representative of:

_____ The Chief of Police of _____
check City, Town, Municipality State

_____ Sheriff of _____
check County State

_____ The Dept of Public Safety or State Police of _____
check State

_____ The Tribal Police of _____
check Tribe

_____ The Campus Police _____
check University, College, School

_____ Other Organization or Agency _____
check Name

and that on _____
Date (MM, DD, YY)

I took the fingerprints of _____
Full legal name (CLEARLY PRINTED)

whose social security number is _____ - _____ - _____

and whose birthday is _____, and whose
MM DD YY

mailing address is: _____

I further certify that the applicant presented appropriate documentation of his/her identity before fingerprinting.

Signature of fingerprinting official

Printed Name of fingerprinting official



NATIONWIDE CRIMINAL BACKGROUND CHECK
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ / _____ / _____
(NAME)(Must be typed or printed legibly) SS # DOB

Pursuant to NSMA 1978, Section 29-10-6(A) (Repl. Pamp. 1990), of the New Mexico Arrest Record Information Act hereby appoint:

The Board of Nursing as an authorized agent for me for the purpose of inspection (and/or obtaining copies) of any New Mexico arrest fingerprint card supported record information maintained by the Department of Public Safety and the Federal Bureau of Investigations, including information concerning felony or misdemeanor arrests.

To the custodian of records in question, I hereby direct you to release such information to the Authorized Agent as described above.

I hereby release the custodian or custodians of such records and the Board of Nursing and the State of New Mexico, including any of their agents, employees, or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance by said custodian or custodians with the "Authorization for Release of Information" and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future, on my heirs, assigns, associates, personal representative or representatives of any nature.

(Signature)

(Date)

ATTENTION NOTARY: Ensure document is signed in your presence and Name, Social Security Number and Date of Birth information is verified with a valid ID.

Subscribed and sworn to before me this _____ day of _____, 20_____

(Seal) _____

Notary Public

My Commission Expires: _____