



RN / LPN EXAMINATION APPLICATION INFORMATION

Dear Applicant for Nursing Licensure in New Mexico,

Thank you for applying for licensure 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. Incomplete applications will not be processed and will be returned to the address provided on your application. Please be sure you provide the address where you want information sent. 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://www.bon.state.nm.us/>). Our office hours are: Monday – Friday; 8:00 am – 5:00 pm Mountain Time. We are closed for lunch from 12 noon – 1:00 p.m. as well as on holidays.

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

**RN / LPN EXAMINATION APPLICATION INFORMATION (cont'd)**

- Keep a copy of your completed application for your records.
- Do not submit your application for licensure by examination if you have not completed your nursing program. This will avoid processing delays caused by submission of a deficient application.
- Do not submit your application if you list a compact state as your primary residence. You must apply to take the examination in your primary state of residence if it is a compact state. The compact states are: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin. Applications will be returned unprocessed if your state of residence is one of these states.
- Applications are reviewed in the date order received. In order to provide ethical and efficient customer service we are unable to process applications out of the date order. If you move you must change your address with the Board of Nursing as mail is not forwarded.
- If your mailing address changes while application is being processed please notify the board immediately. We will not forward any mail returned to us with 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 www.bon.state.nm.us
- All sections must be completed in full. If an item is not applicable, indicate with N/A, non-applicable. N/A is not acceptable for Yes or No questions and could delay your application processing. Failure to submit a complete application will result in a delay of processing. If you provide false information the Board of Nursing may deny your application for licensure.
- NAME and/or ADDRESS changes must be submitted to the board office. Please indicate "Licensure by Examination Applicant" on all communications with the board office prior to issuance of a nursing license. Name changes require a copy of filed legal documents; certified as a true copy, i.e. marriage certificate, divorce decree or court order. Only a nurse's LEGAL name shall be used for licensure in NM.

**APPLICATIONS BECOME NULL AND VOID ONE (1) YEAR AFTER BEING RECEIVED AT THE BOARD OFFICE.
INCOMPLETE APPLICATIONS AND/OR FINGERPRINT CARDS WILL BE RETURNED UPON RECEIPT.**

Eligibility Requirements

- Completion of and eligible for graduation from a board approved course of study for the preparation of registered or practical nurses, or graduation from a program that is equivalent to an approved program of nursing in the U.S.
- **CERTIFICATE OF ELIGIBILITY FOR GRADUATION OR FINAL TRANSCRIPT** with degree awarded must be received directly from the registrar's office prior to permission to take NCLEX (National Council Licensure Examination).
- Graduates from non- U.S. programs must submit proof of nursing education that is equivalent to an approved program of nursing in the U.S. The board does not evaluate transcripts. You must have an evaluation of educational credentials conducted by a qualified credentials evaluator. Applications received without this evaluation will be considered incomplete and returned to the individual.

**RN / LPN EXAMINATION APPLICATION INFORMATION (cont'd)****Eligibility Requirements (cont'd)**

- Graduates from non-U.S. Programs must provide proof of English competency. See additional information in this application.
- If the criminal background check reveals a felony or violation the applicant/licensee will be notified to submit copies of legal documentation and other related information to the Board.
- Please use the following checklist to ensure your application is complete. Failure to attach any document or to have required documentation sent to the Board will result in an incomplete application. Final approval can not be granted until the application is complete. Faxed applications will not be accepted.

NCLEX Examination Information

- In addition to applying to the Board of Nursing, all applicants for examination must register with Pearson VUE.
- You may register by telephone (1-866-293-9600) or by Internet (<http://www.pearsonvue.com/nclex>) by using a valid credit card.
- Failure to register for the examination with Pearson VUE will delay issuance of your authorization to test.
- Authorization to Test (ATT) is issued by Pearson VUE. It is important that you read your verification/registration form to verify the following:
 - ATT dates for testing
 - Correct Spelling of Name
 - Correct Address
 - Correct email or contact information
- Upon Registration with Pearson VUE, it could take up to 4 weeks by mail to receive your ATT.

Effective June 16, 2008,
according to New Mexico Nursing Act/regulatory law,
16.12.2 NMAC, reexamination requirements have changed.



REFRESHER COURSE INFORMATION

Dear Applicant for Examination,

Per Regulation 16.12.2 NMAC effective June 17, 2008, individuals who have not passed the NCLEX examination after three (3) times from the date the initial application has been received by the Board of Nursing MUST complete a refresher course prior to retaking the examination.

The refresher course must include both a theory and clinical component. Course suggestions are:

1. Advanced nursing course similar to your educational preparation. For example, if you graduated from an Associate Degree program, then an advanced nursing course from an Associate Degree program would be appropriate.
2. A program offered by an agency that provides theory review and clinical for NCLEX preparation.
3. A program that provides theory review by one agency and clinical review by a different agency.

Upon completion of the refresher course, notarized documentation must be received from the agency or school providing the course. The documentation must include the hours and type of theory and clinical provided along with a reexamination application.

For further information you can contact the NM Board of Nursing at 505-841-8340 or by email through our website (<http://bon.state.nm.us/>).

Thank you

The New Mexico Board of Nursing Staff



RN / LPN EXAMINATION APPLICATION CHECK LIST

(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.
- See the Board website (<http://bon.state.nm.us/>) Licensing Forms for more information about the fingerprint card requirements.
- **FEES ARE NON-REFUNDABLE.** Fee are accepted only in the form of:
 - U.S. Money Order, Cashier's Check or Demand Draft drawn on U.S. banks and made payable to NM Board of Nursing.
 - Credit Cards: MasterCard or Visa, or
 - Cash (EXACT AMOUNT ONLY). **DO NOT MAIL CASH.**
 - Canadian money orders are only acceptable from CIBC or Toronto Dominion.
 - **Personal checks or debit cards are not accepted.**
- **IMPORTANT NOTICE: APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED FINGERPRINT CARDS, STATE AND CRIMINAL BACKGROUND CHECK FORMS AND THE BACKGROUND CHECK PROCESSING FEE OF \$40.25.**

(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. Exam candidates must enter your name exactly as it appears on your picture identification that will be presented at the test center.

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.

(Section 3)

NURSING EDUCATION HISTORY: Complete all nursing education history. Information listed in this section must match with your Pearson VUE registration.

- Graduates from State-Approved Programs should provide a CERTIFICATE OF ELIGIBILITY FOR GRADUATION OR FINAL TRANSCRIPT with degree awarded, indicating date of graduation and certificate or degree awarded, must be received directly from the registrar's office prior to permission to take the NCLEX.



RN / LPN EXAMINATION APPLICATION CHECK LIST (cont'd)

(Section 3) (cont'd)

- **APPLICANTS WHO HAVE GRADUATED FROM FOREIGN/INTERNATIONAL SCHOOLS OF NURSING:** The Board of Nursing requires you to have your nursing education evaluated by a qualified credentialing agency.
 - You must provide **VERIFICATION OF ENGLISH COMPETENCY** with your application. See 16.12.2 NMAC for requirements located on the NM Board of Nursing Website www.bon.state.nm.us, click on Nursing Practice Act/Rules and go to Rule/Part #2 Nurse Licensure.
 - You must request the nursing or health care profession and science **course-by-course credentials review**. You are responsible for all fees charged by these services. Other recognized agencies are listed on the NACES website: www.naces.org

These agencies may be used to request a **course-by-course credentials review**:

Educational Records Evaluation Service Inc
601 University Avenue Suite 127
Sacramento CA 95825-6738 USA
Phone: (916) 921-0790 or 866-411-3737
866-411- ERES (Toll Free)
Fax: (916) 921-0793
Email: edu@eres.com
Web: www.eres.com

International Education Research
Foundation Inc
Post Office Box 3665
Culver City, CA 90231-3665 USA
Phone: (310) 258-9451
FAX: (310) 342: 7086
Email: information@ierf.org
Web: www.ierf.org

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, Florida 33173 USA
Phone (305) 273-1616
Fax: (305) 273-1338
Email: info@jsilny.com
Web: www.jsilny.com

Commission on Graduates of International Education
Foreign Nursing Schools
3600 Market Street Suite 400
Philadelphia PA 19104-2651, USA
Phone: (215) 662-0425
Fax: (215) 662-0425
Email: info@cgfns.org
Web: www.cgfns.org
Automated Phone System: (215) 599-6200

(Section 4)

PERMIT TO PRACTICE: Graduate nurses may request and may be approved for Graduate Nurse Permits. The examination application for licensure must be received at the Board of Nursing within twelve (12) weeks of graduation.

- The prospective employer must submit a letter of verification of intent to hire, on letterhead, indicating the institution name, and RN's name and license number who will be responsible to assure that you practice under **Direct RN Supervision**.
- **Direct Supervision** is defined as "the person responsible for the direct supervision must be in the facility or on the unit with the graduate permit holder observing, directing and evaluating the performance of the permit holder; the supervisor must not be engaged in other activities that would prevent them from providing direct supervision", per 16.12.2.7 NMAC.



RN / LPN EXAMINATION APPLICATION CHECK LIST (cont'd)

(Section 4) (cont'd)

- Permits to practice are issued directly to a New Mexico employer. You must sign your permit to practice prior to employment as a GN/GPN. Contact your employer. The permit will be sent directly to the NM Employer, either through email or regular mail.
- Permits to practice will not be issued for applicants who declare residency in other compact states.
- A permit-to-practice is valid for six (6) months from the date of application or until examination results are issued by the NM Board.
- A permit is **VOID** if applicant fails the examination or fails to take the examination within 6 months after graduation.
- Allow at least **three (3) weeks** for processing a **permit to practice** from the receipt of a completed file. A completed file for a permit includes the exam application to the NM Board of Nursing; Certification of Eligibility of Nursing Program or official transcript; fingerprint cards; forms; fee and letter of intent to hire.

(Section 5)

_____ **DISCIPLINARY:** Failure to disclose criminal history or disciplinary action on your nursing license may result in denial of your application.

- Disciplinary questions require a YES or NO answer. If yes, you are required to provide certified copies to the NM Board of Nursing any legal documents and explain the charges.

(Section 6)

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

- If you live in one of the compact states, you must take the examination in that state. The compact states are: [Arizona](#), [Arkansas](#), [Colorado](#), [Delaware](#), [Idaho](#), [Iowa](#), [Kentucky](#), [Maine](#), [Maryland](#), [Mississippi](#), [Nebraska](#), [New Hampshire](#), [North Carolina](#), [North Dakota](#), [South Carolina](#), [South Dakota](#), [Tennessee](#), [Texas](#), [Utah](#), [Virginia](#) and [Wisconsin](#)
- For an updated compact state list go to www.ncsbn.org and click on Compact State Licensure.

(Section 7)

_____ **APPLICANT SIGNATURE:** The application must be signed by the applicant before submission. Failure to sign your application will result in your application being returned. Be sure the same name used on your application is the same on each document.

_____ **SPECIAL ACCOMODATIONS** License examination candidates with a disability as defined by the American with Disabilities Act who which to request modifications in the security measures for the NCLEX – RN or the NCLEX – LPN should contact the Board of Nursing office for an application and direction.



**RN / LPN EXAMINATION AND ENDORSEMENT
PAYMENT FORM**

LEGAL NAME: _____
Last First Middle

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

SELECT ONLY ONE FEE

Initial Examination Fees

_____ Registered Nurse \$ 110.00
_____ Licensed Practical Nurse \$ 110.00

Reexamination Fees

_____ Registered Nurse \$ 60.00
_____ Licensed Practical Nurse \$ 60.00

Endorsement Fees

_____ Registered Nurse \$ 110.00
_____ Licensed Practical Nurse \$ 110.00

Endorsement Fee with Temporary License

_____ Registered Nurse \$ 160.00
_____ Licensed Practical Nurse \$ 160.00

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: _____ / _____
MM / YYYY

SIGNATURE: _____

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

STAPLE ONCE HERE



RN / LPN EXAMINATION APPLICATION

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INCOMPLETE APPLICATION AND/OR FINGERPRINT CARDS WILL BE RETURNED UPON RECEIPT

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

<p>Section 1</p> <p>Please check one:</p> <p><input type="checkbox"/> \$110.00 RN</p> <p><input type="checkbox"/> \$110.00 LPN</p>	<p>For Office use only</p> <p>FILE# _____</p> <hr/> <p style="text-align: center;">FP <input type="checkbox"/> \$ <input type="checkbox"/></p>
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ALL FEES ARE NON REFUNDABLE

Section 2 - (Print Your Legal Name. This will be the name on your license.)

LEGAL NAME: _____
Last First Middle Maiden

MAILING ADDRESS: _____
Number Street Apt City / State Zip + 4 County/Country

Date of Birth (MM/DD/YYYY) _____ U.S. Social Security Number _____
_____ Male
_____ Female

Home Phone _____ Work Phone _____ Email Address _____

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



RN / LPN EXAMINATION APPLICATION (cont'd)

SECONDARY EDUCATION COMPLETED: Check One:

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

HIGHEST DEGREE HELD: Check One:

3. Associate Degree
4. Baccalaureate in other field
5. RN Diploma
6. Baccalaureate in Nursing
7. Masters in other field
8. Masters in Nursing
9. Doctorate in other field
10. Doctorate in Nursing

BASIC NURSING EDUCATIONAL PREPARATION: Check One:

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

Section 4 - Request for Graduate Permit to Practice: VALID ONLY IN NEW MEXICO

_____ I have requested my prospective employer to send a letter of intent to hire on their official letter head indicating the name and license number of my RN supervisor.

Section 5 – 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 _____ /State(s) _____ If YES, Give Date _____

Have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?

NO _____ YES _____ /State(s) _____

If YES, Where _____ Date _____

Section 6: DECLARATION OF PRIMARY STATE OF RESIDENCE**THIS IS A 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 of _____ is my primary state 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 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

****POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY –** The NM Board of Nursing does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Licensure exam candidates with a disability as defined by the Americans with Disabilities Act who wish to request modifications in the security measures for either NCLEX-RN or NCLEX-PN should contact the Board of Nursing office for an application & direction.



U.S. NURSING SCHOOL GRADUATES ONLY

**THIS FORM MUST BE RECEIVED IN THE NM BOARD OFFICE
DIRECTLY FROM THE REGISTRAR'S OFFICE.**

CERTIFICATION OF ELIGIBILITY FOR GRADUATION OF NURSING PROGRAM

THIS IS TO CERTIFY THAT

_____ Date of Birth _____
NAME OF STUDENT (First, Middle, Last)

HAS COMPLETED ALL THE REQUIREMENTS FOR GRADUATION IN

REGISTERED OR PRACTICAL NURSING PROGRAM

FROM _____
NAME OF SCHOOL

TYPE OF DEGREE/CERTIFICATE _____

DATE DEGREE/CERTIFICATE AWARDED _____

REGISTRAR

DATE

SCHOOL SEAL

