

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

EXAMINATION APPLICATION

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

Section 1
Please check one:
\$110.00 RN
\$110.00 LPN
For Office use only
FILE#
FP \$

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. YOU CAN GO TO THE BOARD WEBSITE www.bon.state.nm.us FOR MORE INFORMATION ABOUT THE FINGERPRINT CARDS.

Section 2 (Print Your Name as You Wish it to Appear on Your License)

Legal Name: Last First Middle Maiden
Mailing Address: Number Street Apt.
City State zip+4 County/Country
Gender: Male Home Phone:
MM/DD/YEAR U.S. Social Security Number Female Work Phone
Date of birth
E-mail:
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:

If a middle name and/or maiden name are not indicated on your application it will be assumed that:

- You do not have a middle name or
- Your maiden name is the same as your last name or
- Other names have not been used for licensure.

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:

- | | |
|----------------------------------------------------------|------------------------------------------------------|
| 3. <input type="checkbox"/> Associate Degree | 7. <input type="checkbox"/> Masters in other field |
| 4. <input type="checkbox"/> Baccalaureate in other field | 8. <input type="checkbox"/> Masters in Nursing |
| 5. <input type="checkbox"/> RN Diploma | 9. <input type="checkbox"/> Doctorate in other field |
| 6. <input type="checkbox"/> Baccalaureate in Nursing | 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 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:

- 1.) Has disciplinary action ever been taken against your nursing license?
No___ Yes___/State(s)_____ If yes: denied___; revoked___; suspended___;
probation___; reprimand___; other_____
- 2.) Is disciplinary action pending against a (any) nursing license in another state? No___
Yes___/State(s)_____
- 3.) 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(s) _____
If yes to any of the above, explain fully on separate page and submit certified copies of legal documents to the NM Board of Nursing.

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.

EXAMINATION PAYMENT FORM
(PLEASE PRINT)

LEGAL NAME: _____
Last First Middle Maiden

Social Security # _____ NM Nursing License # _____

Examination Fees

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

AGENCY NAME (if applicable) _____

Acceptable forms of payment listed below:

Cashiers Check Money Order Demand Draft Business Check Credit Card (see below)

Please check one of the following cards only: MasterCard Visa#

CREDIT #

EXPIRATION DATE /

SIGNATURE: _____

PLEASE NOTE: THE FEE IS NON-REFUNDABLE

PAYMENT MUST BE ATTACHED TO THIS FORM (unless using one of the above credit cards).

