

Attachment 1

Student Application Eligibility Questions

Clinical Application Questions

1. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, county, or province?

2. If you answered NO to Question 1, select N/A and proceed to the next question. If you answered YES to Question 1, have you previously reported/provided the following information to board staff?

If you have NOT previously reported/provided the following information, then:

- Provide a narrative explanation with date of and description of any/all actions by other licensing boards in Louisiana and in other states or jurisdictions (beside the Louisiana State Board of Nursing), including names of other boards at issue, status of any/all disciplinary matters with other boards.
- Upload certified true copies of any/all other board actions by other licensing boards, along with any/all related and/or subsequent actions.

3. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

4. If you answered NO to Question 3, select N/A and proceed to the next question. If you answered YES to Question 3, have you previously reported/provided the following information to board staff?

If you have NOT previously reported/provided the following information, then:

- a. Provide a narrative explanation with date of and description of any/all actions by other nursing boards or regulatory agencies in Louisiana and in other states or jurisdictions (beside the Louisiana State Board of Nursing), including names of other boards at issue, status of any/all investigative or complaint matters with other boards.
- b. Upload photocopies of any/all supporting documentation relative to the investigation or complaint.

5. Do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

6. **If you answered NO to Question 5, select N/A and proceed to the next question. If you answered YES to Question 5, have you previously reported/provided the following information to board staff or the Recovering Nurse Program?**

If you have NOT previously reported/provided the following information, then:

- a. Provide a narrative explanation with date(s) of incident(s) involved, detailed description of the condition(s) at issue, diagnoses, treatment received so far, treatment planned or prescribed, information regarding the current status of your condition(s), date, name and location of any/all treating facility(ies) and/or treating caregiver(s), number of times in treatment, currently-prescribed medication(s), and any/all other relevant information. Include in your statement if you are going to apply for Social Security or insurance disability.
- b. Upload photocopies of any/all discharge summaries relevant medical records and/or treatment record written statement(s) sent directly from treating physician(s) addressing current ability to safely practice nursing along with any/all related records

7. **Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)**

8. **If you answered NO to question 7, select N/A and proceed to the next question. If you answered YES to question 7 have you previously reported/provided the following information to board staff?**

If you have NOT previously reported/provided the following, then:

- a. Provide a narrative explanation with date of and description of any/all actions by other nursing boards or regulatory agencies in Louisiana and in other states or jurisdictions (beside the Louisiana State Board of Nursing), including names of other boards at issue, status of any/all investigative or complaint matters with other boards.
- b. Upload photocopies of any/all supporting documentation relative to the investigation or complaint.

9. **Are you currently the target or subject of a grand jury or governmental agency investigation?**

10. **If you answered NO to Question 9, select N/A and proceed to the next question. If you answered YES to Question 9, have you previously reported/provided the following information to board staff?**

If you have NOT previously reported/provided the following information, then:

- a. Provide a narrative explanation with date(s) of incident(s) involved, detailed description of the incident(s) at issue along with description of the surrounding circumstances, information regarding the current status of the grand jury or governmental agency investigation, and/or all other relevant information.
- b. Upload photocopies of any/all court documents and/or investigative documents and/or findings, along with any/all related records.

11. Has any money been paid out by you or on your behalf as a result of claims or complaints against or involving your practice of nursing?

12. If you answered NO to question 11, select N/A and proceed to the next question. If you answered YES to question 11, have you previously reported/provided the following information to the board staff?

If you have NOT previously reported/provided the following information, then:

- a. Provide a narrative explanation with date(s) of incident(s) involved, detailed description of the incident(s) at issue along with description of the surrounding circumstances, information regarding civil or medical malpractice suit(s), and any/all other relevant information.
- b. Upload photocopies of any/all Medical Review Panel opinions, civil or medical malpractice suit(s), along with any/all related records.

13. Have you ever been involved in any criminal offense not previously reported to the board, including those pending appeal? (You may exclude minor traffic violations, but must report all DUI charges/convictions).

Note: No person whose record of arrest or conviction has been expunged [ordered sealed, non-disclosed, and/or pardoned by a court in the applicant's state or jurisdiction] shall be required to disclose to any person that he [or she] was arrested or convicted of the subject offense, or that the record of the arrest or conviction has been expunged. La. C. Cr. P. art 973 (C). Brackets added. If the applicant does not know the meaning of the terms set forth above, and/or has a question about the meaning of the terms, then it is incumbent upon the applicant to seek legal counsel.

Check all that apply:

- been convicted of a misdemeanor?
- been convicted of a felony?
- pled nolo contendere, no contest, or guilty?
- received deferred adjudication?

been placed on community supervision or court-ordered probation, whether or not adjudicated guilt?
been sentenced to serve jail or prison time? court-ordered confinement?
been granted pre-trial diversion?
been arrested or have any pending criminal charges?
been cited or charged with any violation of the law?
been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
No, none of the above apply

14. If you answered NO to question 13, select N/A and proceed to the next question. For each offense checked in question 13, have you previously reported/provided the following information to board staff?

If you have NOT previously reported/provided the following, then

- a. Provide a narrative explanation with date of any/all citations, summons, warrants, arrests, charges, arraignments, indictments, convictions, pleas sentence.
- b. The name of parish/county in which arrest etc. occurred
- c. The name of arresting agencies.
- d. The violation(s) listed.
- e. The final disposition of any/all criminal matters, and current status. If no final disposition:
 - i. Upload certified true copies of any/all arrest report(s) etc. occurrence/narrative/supplemental reports certified true copies of any/all court minute entries and court judgments/orders, copies of probation DA diversion or Pretrial intervention program etc. and any/all other relevant records
 - ii. Immediately submit to a Criminal Background Check (may be completed at LSBN Board office, 17373 Perkins Road, Baton Rouge, Louisiana 70810. Monday through Friday 9am - 3pm or may be completed at local police department or State Police, click on link <http://www.lsbn.state.la.us/Portals/1/Documents/orbs/ENDFingerprintAuthorizationsForm.pdf>

15. Has any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

16. If you answered NO to question 15, select N/A and proceed to the next question. If you answered YES to question 15, have you previously reported/provided the following information to the board staff?

If you have NOT previously reported/provided the following information, then:

- a. Provide a narrative explanation with date of and description of any/all action by other

- licensing boards in Louisiana and in other states or jurisdictions (besides the Louisiana State Board of Nursing), including names of other applicable boards and status of any/all disciplinary matters with other boards.
- b. Upload certified true copies of any/all other board actions by other licensing boards along with any/all related and/or subsequent actions.

17. Do you currently have disciplinary action pending by a licensing board—other than by Louisiana State Board of Nursing—in any state or jurisdiction?

18. If you answered NO to question 17, select N/A and proceed to the next question. If you answered YES to question 17, have you previously reported/provided the following information to the board staff?

If you have NOT previously reported/provided the following information, then:

- a. Provide a narrative explanation with date of and description of any/all action by other licensing boards in Louisiana and in other states or jurisdictions (besides the Louisiana State Board of Nursing), including names of other applicable boards and status of any/all disciplinary matters with other boards.
- b. Upload certified true copies of any/all other board actions by other licensing boards along with any/all related and/or subsequent actions.

19. Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional or psychiatric condition that might affect your ability to safely practice?

20. If you answered NO to Question 19, select N/A and proceed to the next question. If you answered YES to Question 19, have you previously reported/provided the following information to board staff or the Recovering Nurse Program?

If you have NOT previously reported/provided the following information, then:

- a. Provide a narrative explanation with date(s) of incident(s) involved, detailed description of the condition(s) at issue, diagnoses, treatment received so far, treatment planned or prescribed, information regarding the current status of your condition(s), date, name and location of any/all treating facility(ies) and/or treating caregiver(s), number of times in treatment, currently-prescribed medication(s), and any/all other relevant information. Include in your statement if you are going to apply for Social Security or insurance disability.
- b. Upload photocopies of any/all discharge summaries relevant medical records and/or treatment record written statement(s) sent directly from treating healthcare provider(s) addressing current ability to safely practice nursing along with any/all related records

21. A copy of current/valid government issued photo identification (i.e. passport or driver's license) must accompany this application.

Supporting Documents: - upload photo id

22. Please fill out the following: Date Admission to Nursing Education Program (MM/YYYY)

23. Please fill the following: Date Admission to Clinical Nursing Program (MM/DD/YYYY)
APPLICATION AND SUPPORTING DOCUMENTS MUST BE RECEIVED 60 DAYS PRIOR TO THE ENROLLMENT DATE TO THE CLINICAL NURSING COURSES.

24. APPLICATION AND SUPPORTING DOCUMENTS submitted 60 DAYS PRIOR TO THE ENROLLMENT DATE of THE CLINICAL NURSING COURSES.
(if under 60 days a memo will pop up requiring approval of Director to the educational program to accept late applications)

25. Have you ever submitted an application for permission to enroll in clinical nursing courses?

26. If you answered Yes to Question 24: "Have you ever submitted an application for permission to enroll in Clinical to LSBN?" Select the Reason for Resubmission (Check all that Apply)

If selecting Disclosure, please stop and submit through complaint portal

27. Have you been approved for enrollment in any other registered nurse education program?

28. Have you ever been licensed as a Practical Nurse (LPN/LVN) in Louisiana or any other state/jurisdiction?

* Upload for official verification of licensure status from Licensing agency.

29. Have you ever held any other licenses (CNA, Respiratory Therapist, Paramedic, EMT, other *) in Louisiana or in any other state or jurisdiction?

* Upload official verification of licensure statues from Licensing agency.

30. Have you ever submitted a Criminal Background Check Packet to LSBN?