

LOUISIANA STATE BOARD OF NURSING  
17373 Perkins Road, Baton Rouge, Louisiana 70810  
Telephone 225-755-7500 Fax: 225-755-7580  
[education@lsbn.state.la.us](mailto:education@lsbn.state.la.us)

**APPLICATION FOR PERMISSION TO ENROLL IN  
CLINICAL NURSING COURSES IN LOUISIANA**

**APPLICATION SUBMISSION**

- For initial approval to enroll in a clinical nursing course, each student must submit this application to his/her program head who will submit this form as appropriate to the Louisiana State Board of Nursing (LSBN).
- Applications are due to LSBN no later than 60 days prior to enrollment into first clinical course (LAC46:XVLII.3324) and are submitted to LSBN by School Program Head (via postal service).
- The packet must include ALL of the following:
  1. Completed Application signed by Program Head;
  2. All of the supporting documentation listed under each question throughout the application;
  3. *Authorization for Criminal Background Check* (Please do not copy these two forms 2 sided);
  4. **FEES - A \$50 application fee and Criminal Background Check fee of \$40.75 (Total \$90.75 in the form of a money order payable to LSBN. (Fees are non-refundable); and**
  5. **Two (2) distinct unique (10) ten-print fingerprint cards (Both fingerprint cards are to be completed separately. Do not send 2 copies of one print.).**

**HELPFUL HITS**

1. Applications will be processed for **only one school**. Please do not submit multiple applications.
2. **DO NOT USE SCHOOL EMAIL ADDRESS:** LSBN will send all correspondence to the mailing and e-mail address on your application.
3. Read questions very carefully to avoid delays for non-disclosure.
4. **Submit all required documents** listed under each question with the application.
5. All documents must be **original, true copies** of narrative, arrest reports/citations, and court documents regardless of disposition or expungement.
6. **Provide official verification** of other licenses with application.
7. **Provide 2 distinct unique fingerprint cards and completed authorization forms.** All changes in name or contact information must be submitted to LSBN. Forms can be found on the LSBN website ([www.lsbn.state.la.us](http://www.lsbn.state.la.us)) on the Education page.
8. **Future disclosures** must be submitted via the **Disclosure form**, which is found on the LSBN website ([www.lsbn.state.la.us](http://www.lsbn.state.la.us))

**RESUBMISSION OF APPLICATION PACKET**

1. New application, documents and fees are required for the following:
  - a. Change of schools; or
  - b. As directed by School of Nursing and/or LSBN.
2. New Fingerprint cards are not required unless directed by LSBN Staff.
3. See instructions on previously disclosed section in Section II of application.



11. Have you ever submitted an application for permission to enroll in clinical to **LSBN**?

YES \_\_\_\_\_ NO \_\_\_\_ If yes, when? (MM/YYYY) \_\_\_\_\_

RN School(s) approved by LSBN to attend

Program \_\_\_\_\_ STU # (issued by LSBN) \_\_\_\_\_

- Approval Status/Student Number is considered a licensure and can be verified at <http://www.lsbns.state.la.us> under the Licensure tab using Name and Social Security.

Reason for resubmission (check all that apply):

\_\_\_\_\_ Changing School of Nursing

\_\_\_\_\_ Readmission after academic failure

\_\_\_\_\_ Previously delayed- providing new information

\_\_\_\_\_ Other - Please Explain: \_\_\_\_\_

## SECTION II. TO BE COMPLETED BY THE APPLICANT

For all questions in this section:

- **You must attach all requested documents listed for questions with “YES” answers. Applications will not be processed until the items are received. Do not write responses directly on this application. Please initial and date any errors made on this application.**
- **If you previously applied and checked “YES”/Disclosed and provided ALL of the listed documents for the applicable question, then:**
  - ❖ **Check “yes” for appropriate question**
  - ❖ **Provide signed narrative as outlined under question and include statement regarding previous disclosure and submission of information to LSBN.**
  - ❖ **If there is no new information/ please include statement stating this.**

Yes\_\_No\_\_ 1. Have you ever been issued:

- a citation or summons for,
- has/have warrant(s) been issued against you related to,
- have you been arrested, charged with, arraigned, indicted, convicted of,
- pled guilty/”no contest”/nolo contendere/“best interest” or any similar plea to,
- been sentenced for any criminal offense, in Louisiana or other jurisdiction?

**NOTE:** Even though an arrest or conviction has been, dismissed, deferred, or diverted, and even if your civil rights have been restored, you must answer “YES” and mail certified court documents of incident/arrest together with a signed letter of explanation.

**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). 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.

- **DWI arrest must be reported, regardless of final disposition.**
- **Traffic violations such as speeding or parking tickets do not need to be reported.**

*If yes, then you must:*

- **Provide your personal statement of incidents and include:**
  - *date of any/all citations;*
  - *summons, warrants, arrests, charges, arraignments indictments, convictions, pleas, sentence;*
  - *the name of parish/county in which arrests, etc., occurred;*
  - *the names of arresting agencies, the violation(s) listed;*
  - *the final disposition of any/all criminal matters; and*
  - *current status, if no final disposition.*
  
- **Enclose:**
  - *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 judgements/ orders and completion;*
  - *copies of probation/DA diversion or **Pretrial** Intervention programs, and documentation reflecting completion), etc.; and*
  - *any/all other relevant records.*

*\* No faxed arrest records or court documents.*

**\*\*\* REVIEW LSBN RULES AND REGULATIONS -- LAC46:XVII.3331**

*Denial or Delay of Licensure, Reinstatement, or the Right to Practice Nursing as a Student Nurse  
(see LSBN website: [www.lsbn.state.la.us](http://www.lsbn.state.la.us))*

Yes\_\_ No\_\_ 2. Have you ever had a license to practice nursing or as another health care provider denied, revoked, suspended, sanctioned, or otherwise restricted or limited, including voluntary surrender of license—including restrictions associated with participation in confidential alternatives to disciplinary programs?

Have you had disciplinary action pending by a licensing board—**other than by Louisiana State Board of Nursing**—in any state or jurisdiction?

*If yes, then you must:*

- **Provide your personal statement to include** *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,*
  
- **Enclose** *certified true copies of any/all other board actions by other licensing boards, along with any/all related and/or subsequent actions*

Yes\_\_ No\_\_ 3. Have you ever been discharged from the military on ground(s) other than an honorable discharge?

*If yes, then you must:*

- **Provide your personal statement to include** the other-than-honorable discharge, with date(s) of incident(s) involved, detailed description of grounds for discharge, along with description of the surrounding circumstance and any/all other relevant information.
- **Enclose** photocopies of any/all military discharge documents, including any/all documentation of the underlying action(s) that resulted in discharge, with any/all other related records.

Yes\_\_No\_\_ 4 . Have you ever 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 as a Registered Nurse?

***If yes, then you must:***

- **Provide your personal statement** 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
- **Enclose**
  - Completed Diagnostician /Treatment Provider form  
<http://www.lsbj.state.la.us/Portals/1/Documents/Forms/DiagnosticianForm.pdf>
  - 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.

Yes\_\_No\_\_ 5. Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs or alcohol?  
Have you been diagnosed as dependent upon/addicted to, or been treated for, dependence upon medications?

***If yes, then you must:***

- **Provide your personal statement to include** 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.

- ***Enclose*** 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,

### SECTION III. SUMMARY INSTRUCTIONS

- Refer to page 1 and instruction sheet found on LSBN website for complete instructions.
- If you answered “yes” to any questions in Section II, the requested documentation must be submitted to your school of nursing along with your clinical application packet. Any subsequent incident(s) must be immediately submitted in writing via this application to the Louisiana State Board of Nursing.
- Failure to disclose or to correctly answer any questions in Section II may result in disciplinary action. LAC46:XVLII.3324 Permission to Enroll or Progress in Undergraduate Clinical Nursing Courses
- All applications and supporting documentation are requested no later than sixty (60) days prior to enrolling in a clinical nursing course. Applications will not be processed until all supporting documentation required has been received.
- Refer to LSBN website ( [www.lsbn.state.la.us/Education/RNStudents](http://www.lsbn.state.la.us/Education/RNStudents)) for the following:
  1. LSBN Advisory statement regarding practicing while taking narcotics
  2. Rules regarding Delay/Denial of Clinical Course Enrollment
  3. Application Instruction Sheet
  4. Authorization for Criminal Background Check Forms
  5. Change of Address Form
  6. Diagnostician/Treatment Provider Form
  7. Disclosure Form

### SECTION IV . REPORTING OF CHANGES SUBSEQUENT ARRESTS, CONVICTIONS OR IMPAIRMENT

If a student is admitted to the clinical sequence of the program, any subsequent changes in name or contact information shall be immediately reported in writing to the LSBN using the *Change of Address* form found on the website

If a student is admitted to the clinical sequence of the program, any subsequent action, arrest, criminal charge or conviction or impairment shall be immediately reported in writing to the LSBN and the program head.

**SECTION V. Applicant Authorization**

**I HEREBY AUTHORIZE** the Louisiana State Board of Nursing to release information to my nursing program from my criminal history record as provided by the Louisiana Bureau of Criminal Identification and information of the Office of State Police within the Department of Public Safety and Corrections and from the Federal Bureau of Investigations.

**Further,** I certify that I am the person referred to in this application for permission to enroll in clinical nursing course, that the statements herein contained are true in every respect; that I have read and understand this affidavit. Falsification of any information accompanying or contained on this application will result in disciplinary action by the Board, including denial of licensure.

\_\_\_\_\_  
Name of applicant (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Nursing Program

**SECTION VI. PROGRAM HEAD**

\_\_\_\_\_  
Signature of Program Head

\_\_\_\_\_  
Date

**Mail all documents to:**  
Louisiana State Board of Nursing  
17373 Perkins Road  
Baton Rouge, LA 70810

**All applications and supporting documentation are requested no later than sixty (60) days prior to enrolling in a clinical nursing course.**

STU 02

Rev. 08/01/12, 2/5/14, 4/28/14, 6/24/14, 10/1/2014, 1/5/15, 1/22/16, 7/25/16 PAD

**OFFICE USE ONLY:**

Received Date \_\_\_\_\_

Clinical Start Date \_\_\_\_\_

Approved BY (initial) \_\_\_\_\_

Approval Date \_\_\_\_\_

Student Number \_\_\_\_\_