

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

BOARD OF NURSING

INFORMATION FOR COMPLETING REGISTERED NURSE/LICENSED PRACTICAL NURSE ENDORSEMENT APPLICATION

Have you ever been licensed in Wisconsin as a Registered Nurse or Licensed Practical Nurse and are seeking to reinstate the same record? If yes, **do not** complete this application. For instructions on reinstating your Wisconsin license call the Renewal Office at (608) 266-2112. If your RN/LPN license has been expired for five or more years you will need to submit a Re-Registration Application Form #2460.

Nurse Refresher Course:

An applicant who does not have current nursing education or has not been employed in a position that requires a nursing license within the last five years, may apply to the board for a **limited license** to enable the applicant to complete a nursing refresher course approved by the board. Upon successful completion of an approved nursing refresher course, the license holder may petition the board for full licensure.

REQUIREMENTS FOR ENDORSEMENT

An applicant is eligible for licensure by endorsement if they meet one of the following:

Endorsement of an applicant from a nurse licensure compact state:

- (1) Hold a current license from a state which has adopted the nurse licensure compact under Wis. Stat. § 441.50 that is considered to have met educational and other qualifications comparable to those required in this state.
- (2) An applicant from a nurse licensure compact state shall file a completed application, declare Wisconsin as the primary state of residence, and pay the applicable fee.
- (3) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board with all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relates to the practice of nursing (Convictions and Pending Charges Form #2252).
- (4) An applicant who has committed any act, which would be subject to discipline under Wis. Admin. Code ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.
- (5) An applicant who has a nursing license encumbered by adverse action shall provide the board with all related information necessary to determine whether the board deems the action taken to warrant a denial in Wisconsin. Any license issued to an applicant with an encumbered nursing license elsewhere shall be a single state license to practice in the state of Wisconsin.

Endorsement of an applicant from another U.S. state, territory, or Canada:

- (1)(a) Hold a current license from a U.S. state that has not adopted the nurse licensure compact under Wis. Stat. § 441.50, a U.S. territory, or Canada is considered to have met educational and other qualifications comparable to those required in this state provided the requirements of the initial license including all of the following:
 1. Graduation from a school approved by the board in the jurisdiction of initial licensure, or education the board in the jurisdiction of initial licensure deemed to be comparable to a school that board approves.
 2. Passage of the NCLEX.
- (1)(b) An applicant, whose initial license from another U.S. state, territory, or Canada does not meet the requirements in par. (a), shall submit all of the following to the board to assist the board in determining whether the qualifications are comparable:
 1. Evidence of educational qualifications.
 2. Evidence of passing the NCLEX or other nursing licensure examination.

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(2) An applicant shall submit a completed application and pay the applicable fee. The application shall include the following:

- (a) Verification of licensure from the state, territory, or province in which the original license by examination was issued and the state, territory, or province in which the current, active license was issued.
- (b) Documentation of employment history.
- (c) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation, shall provide the Board with all related information necessary for the Board to determine whether the circumstances of the arrest or conviction or other offense substantially related to the practice of nursing.
- (d) An applicant who has a license encumbered by adverse action shall provide the Board with all related information necessary to determine whether the Board deems the action taken to warrant a denial in Wisconsin.
- (e) An applicant who has been terminated from any employment related to nursing shall provide the Board with all related information necessary to determine current competency.
- (f) An applicant who has committed any act, which would be subject to discipline under Wis. Admin. Code ch. N7, shall provide the Board with all related information regarding the act necessary for the Board to make a determination on the application for licensure.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Mail all forms below to the following address:

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DSPS)
WI BOARD OF NURSING
P.O. BOX 8935
MADISON, WI 53708-8935

1. **Application (Form #772):** Complete application and attach the appropriate fee. When completing page one of this form, you must indicate what type of degree received or program completed on the space provided. List the graduation or completion of program date, and indicate one of the following: BSN, ADN, BA, DIP, Pre-MSN Registered Nursing Program Requirements (Direct Entry), LPN/TPN, or other. If other is listed, please describe further. Make check payable to DSPS and mail to the WI Board of Nursing. See page two of this form for other required documents.
2. **Verification of Licensure:** We require verification of your RN/LPN licensure from the state, territory, or province in which you were originally licensed by examination, and the state, territory, or province in which you hold a current, active license.
 - To obtain verification from another state board, you **must first** view the NURSYS web site at www.nursys.com to see if your verification can be processed through NURSYS. Please follow their instructions for online processing. You must complete the NURSYS online license verification process. The Licensure Quick Confirm Report will not be accepted by the Board as proof of verification.
 - If the state in which you **currently have or initially held** a license as a RN/LPN **is not** one of the participating states which uses the NURSYS program, complete Form #741. You must first contact each state board prior to forwarding this form to see if a fee is required for this service. This completed form must be returned directly from the other state board(s) to the WI Board of Nursing. Verifications received from the applicant will be rejected by the Board.
3. **Temporary Permit (optional):** An applicant for RN/LPN licensure who meets the requirements for licensure by endorsement, may be eligible for a temporary permit upon submission of a completed application, supporting documents, credential fee and temporary fee. A RN/LPN licensed in another state who holds a valid Wisconsin temporary permit may use the title “Registered Nurse/Licensed Practical Nurse” or “RN/LPN” and function without limitations. A temporary permit is good for a period of three months and is non-refundable.

In addition to the completed Application (Form #772) and application fee, an additional \$10.00 temporary fee is required. **You may not practice as a RN/LPN in WI unless you have either a permanent license or a temporary permit.**

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BOARD OF NURSING

REGISTERED NURSE/LICENSED PRACTICAL NURSE LICENSURE BY ENDORSEMENT APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stat. § 440.12).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>
Address (street, city, state, zip) <input style="width:95%;" type="text"/>		Daytime Telephone Number <input style="width:25%;" type="text"/> - <input style="width:25%;" type="text"/> - <input style="width:25%;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>		Date of Birth <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> / <input style="width:20%;" type="text"/>	
Social Security # <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> - <input style="width:20%;" type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Email Address <input style="width:95%;" type="text"/>			
Nursing School: <input style="width:95%;" type="text"/> School Address: (City) <input style="width:60%;" type="text"/> (State) <input style="width:10%;" type="text"/> Graduation or Completion of Program Date: <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> / <input style="width:20%;" type="text"/> Type of Degree/Program: <input style="width:95%;" type="text"/>		State of Original Licensure: <input style="width:15%;" type="text"/> Is the above license current? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list state(s) of current licensure: <input style="width:30%;" type="text"/> What is your state of primary residence? <input style="width:15%;" type="text"/> "Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile. If not Wisconsin, do you plan to move to Wisconsin and take up primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION FEES: Make check payable to DSPS and attach to application. Check box for the type of license for which you are applying.

- RN \$82.00 Endorsement License Fee
 LPN \$82.00 Endorsement License Fee

CHECK BOX FOR TEMPORARY PERMIT in addition to the above fee
 (This permit fee is non-refundable)

\$10.00

For Receiving Use Only (30/31)

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Fee(s) attached to this Application (Form #772)
- Verification of initial licensure from the state, territory, or province in which you were originally licensed by examination, and the state, territory or province in which you hold a current, active license.
- If applicable: Conviction and Pending Charges Form #2252 and copies of malpractice suit(s). Submit copy of court documents of criminal complaint and judgment of conviction.
- If name is not the same on all documents submitted, provide a copy of marriage certificate, divorce decree, etc.

If you hold a license in a compact state, helpful information is available at www.ncsbn.org.

PRACTICE: Account for all activities and practice within the last five years, starting from five years proceeding this application to the present time. **Must include professional and non-professional activities. All dates and time must be accounted for. No more than a three-month gap allowed.** Please include dates unemployed. Example: stayed home to raise children, worked in retail, etc. (Attach additional sheets if necessary.)

EMPLOYER NAME	CAPACITY EMPLOYED <small>(i.e. office staff, food service, RN, LPN, etc.)</small>	LOCATION OF EMPLOYMENT <small>(City/State)</small>	DATES EMPLOYED <small>(Month/Year)</small>
		(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
		(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
		(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
		(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

List state(s) you currently practice in:

I have not worked within the last five years and am requesting a limited license for the sole purpose of completing the clinical portions of a nurse refresher course.

I AM, OR HAVE BEEN, LICENSED IN THE FOLLOWING STATE(S) (Include all active and inactive states):

By Written Exam:

By Endorsement/Reciprocity:

***Verification of each license you currently hold or have held is required in writing from every state board. To verify a license from a compact state you must first view NURSYS at <https://www.nursys.com/> to see if your certification can be processed through NURSYS. Please follow their instructions for online processing. For verification of all licenses in other states, use Form #741.**

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary.)

		YES	NO
1.	Are you familiar with the state health laws, rules, and regulations of the Wisconsin Department of Health regarding communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever surrendered, resigned, canceled, or been denied a professional license, or other license in Wisconsin or any other jurisdiction? If yes, including the name of the profession and the agency. <input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever failed to pass any state board examination, province of Canada examination, or NCLEX? If yes, give details. <input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has any licensing agency ever taken any disciplinary action against you, including but not limited to, any reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the licensing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever been terminated from any employment related to nursing? If yes, give related details on an attached sheet, including name of employer(s) and date(s) of employment.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever been convicted of a misdemeanor or a felony or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are you registered, certified, or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s). <input style="width: 450px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been registered, certified, or licensed under any other name(s)? If yes, state name(s) under which you were credentialed. <input style="width: 450px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a Registered Nurse/Licensed Practical Nurse" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned nursing judgments and to learn and keep abreast of nursing developments; and
2. The ability to communicate those judgments and nursing information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform nursing tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, Cerebral Palsy, Epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, Tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. Heroin or Cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

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ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary.)

		YES	NO
12.	Do you have a medical condition which in any way impairs or limits your ability to practice nursing with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does your use of chemical substances in any way impair or limit your ability to practice nursing with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications), or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/>	<input type="checkbox"/>
18.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain on additional sheet.	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: _____ Date: _____