



Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700
FAX 501.686.2714
www.arsbn.org

GRADUATES OF NURSING SCHOOLS OUTSIDE THE U.S.A. (INCLUDING THE PHILIPPINES) LICENSURE EXAMINATION APPLICATION INFORMATION

I. Arkansas Compact State

Arkansas is a member of the Nurse Licensure Compact. Nurses applying for licensure must live in Arkansas, a non-compact state, or country outside the United States to complete this application process. Nurses living in compact states will not be allowed to apply. For a listing of compact states and more information on Nurse Licensure Compact, go to www.ncsbn.org. Click on Nurse Licensure Compact.

II. Criminal Background Checks

Arkansas law requires applicants for licensure by examination to submit to criminal background checks. If an applicant has pleaded guilty or nolo contendere to or found guilty of any offense listed in ACA § 17-87-312, he/she is not eligible for Arkansas licensure. (ACA § 17-87-312 provides the applicant an opportunity to request a waiver of eligibility criteria related to a criminal background in certain circumstances.)

The criminal background checks shall be completed no earlier than twelve (12) months prior to being deemed eligible to sit for the licensure examination.

Complete your application for Arkansas and FBI criminal background checks according to the enclosed instructions. Criminal background checks may take 2 - 4 months to be processed.

DO NOT, UNDER ANY CIRCUMSTANCES, CONTACT THE ARKANSAS STATE POLICE OR THE FBI ABOUT THE STATUS OF YOUR CRIMINAL BACKGROUND CHECKS.

A social security number is not required for the background check. Please mark "Foreign" in the area marked social security number. You will be required to submit a copy of your social security card to the Board within thirty (30) days after you obtain one.

III. Temporary Permit (optional)

A temporary permit may be issued when you have passed the NCLEX® licensure examination and your state background check is complete. This temporary permit is valid for six (6) months and cannot be extended or reissued. The permanent license will be issued when the Board receives the federal background report.

IV. Graduates from Nursing Schools in English Speaking Countries (RNs & LPNs)

Nurses from countries in which the official language is English and the program of instruction, textbooks, and transcripts are written in English will have their education evaluated by the Board. The evaluation completed by the Board will review the total curriculum of education with specific attention paid to the hours of class time and clinical time in the areas of: Medical, Surgical, Obstetric, Pediatric, and Psychiatric nursing.

V. Graduates from Nursing Schools in the Philippines (RNs)

The evaluation completed by the Board will review the total curriculum of education with specific attention paid to the hours of class time and clinical time in the areas of: Medical, Surgical, Obstetric, Pediatric, and Psychiatric nursing. If the education cannot be verified an outside evaluation will be required.

VI. Documents

Only reports and documents sent directly from official agencies or institutions will be accepted by the Board.

GRADUATES OF NURSING SCHOOLS OUTSIDE THE U.S.A. LICENSURE EXAMINATION APPLICATION INFORMATION

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VII. Graduates from Nursing Schools in Non-English Speaking Countries (RNs & LPNs)

Nurses graduating from non-English speaking countries shall have one of the following agencies evaluate the education program and verify licensure:

1. International Education Research Foundation (IERF)

P. O. Box 3665, Culver City, CA 90231-3665

Telephone: (310) 258-9451

Email: information@ierf.org

Website for instructions and forms: www.ierf.org

Request nursing application

2. Commission on Graduates of Foreign Nursing Schools (CGFNS)

3600 Market Street, Suite 400

Philadelphia, PA 19104-2651

Telephone: (215) 349-8767

Website: www.cgfns.org

Request Credential Evaluation and Full Education Course by Course Report. The CGFNS Certificate or VisaScreen will be accepted in lieu of Full Education Course by Course Report. Documentation reports are to be sent from CGFNS.

VIII. English Proficiency

Nurses from non-English speaking countries must complete one of the following English proficiency examinations:

1. Test for English Foreign Language (TOEFL) www.toefl.org with a passing score of 540 on the paper examination, 207 for the computerized examination, or 76 on the Internet based examination.
2. Test of English for International Communication (TOEIC) www.toeic.com with a passing score of 725.
3. International English Language Testing System (IELTS) www.ielts.org with a passing score in the academic module of 6.5 and the Spoken Band score of 7.
4. The Test of Spoken English (TSE) www.toefl.org is required for Licensed Practical Nurse applicants. A passing score of 50 is required.

IX. Fees

The application fee is \$125.00 and the optional temporary fee is \$25.00. Payment may be made by credit card, money order or certified check.

X. Registering for the NCLEX®

The NCLEX® is a national examination and can be taken at any testing site with the results sent to Arkansas. The *NCLEX® Bulletin* explains the process for registering or you may go to www.pearsonvue.com/nclex. To learn more about the examination and computerized testing, go to www.ncsbn.org and click on Testing Services.

XI. Time Frames

The time frame to be deemed eligible to test for a nurse who is required to have their education evaluated by CGFNS and take an English proficiency examination is estimated to be 6 to 18 months. The time frame to be deemed eligible to test for the nurse who has their education evaluation and verification of licensure completed by the Arkansas State Board of Nursing is estimated to be 3 to 6 months.

XI. Immigration and Visas

Refer to U.S. Citizenship and Immigration Services at www.uscis.gov and/or the Commission on Graduates of Foreign Nursing Schools at www.cgfns.org for questions regarding Immigration and Visas.

XII. Questions

For additional information or questions contact:

Dr. Calvina Thomas, RN, PhD, Assistant Director of Nursing Education, Arkansas State Board of Nursing,
1123 South University Avenue, Suite 800, Little Rock, Arkansas 72204 USA

Phone: 501.686.2786; E-mail: cthomas@arsbn.org

PERSONAL CHECKS ARE NOT ACCEPTED. FEE IS NONREFUNDABLE.

FALSIFICATION OF THIS FORM IS GROUNDS FOR DISCIPLINARY ACTION AGAINST YOUR LICENSE.

ARKANSAS STATE BOARD OF NURSING
UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY, SUITE 800
LITTLE ROCK, ARKANSAS 72204
501.686.2700

FOR OFFICE USE
ARKANSAS CTF. NO.
DATE
CBC (S)
(F)

EXAMINATION APPLICATION FOR GRADUATES OF NURSING SCHOOLS OUTSIDE OF U.S.A.

Full Name (MISS, MS., MRS., OR MR.) FIRST MIDDLE MAIDEN LAST

Residential Address STREET CITY STATE ZIP

Mailing Address STREET CITY STATE ZIP

Social Security Number Telephone Number () () () WORK HOME CELL

Date of Birth MM/DD/YYYY Country of Birth E-mail Address

Name & Phone Number of Nearest Relative NAME PHONE NUMBER

Graduate of

School Address

Program Entry: Month Year Program Completion: Month Year

State/Country of licensure if you hold another license: Country State

License Number Name license issued under (if different from above name, attach official documentation of name change)

Primary State/Country of Residence

Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction? YES NO (If yes, please include a copy of the court docket, plea agreement, or conviction papers, and evidence that fines, restitution are paid.) PLEASE NOTE: WITH THE EXCEPTION OF DWI, TRAFFIC VIOLATIONS DO NOT CONSTITUTE A CRIME)

Have you ever had any license, certificate, or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction? YES NO (If yes, include copy of Facts and Finding from Board and evidence of reinstatement of license)

Are you currently under investigation in any state or jurisdiction? YES NO

Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a nurse? YES NO

In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation? YES NO (If yes, submit all relevant documents, such as rehab program completion, support group meetings, drug screens, etc.)

TEMPORARY PERMIT

Check here if requesting a temporary (6 months) permit. Send an additional \$25.00 with the required Arkansas application fee. The temporary will be issued when you have passed the NCLEX Licensure Exam and the Board of Nursing has received your State criminal background check.

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GRADUATES OF NURSING SCHOOLS OUTSIDE THE U.S.A. CHECKLIST FOR LICENSURE EXAMINATION

- _____ Determine if you live in Compact State, Non Compact State, or country outside the U.S.A. Only continue process if you live in Arkansas, Non Compact State or outside the U.S.A.

- _____ Submit application and fee of \$125.00 and \$25.00 for optional temporary permit to the Arkansas State Board of Nursing.

- _____ Graduates of Non-English Speaking Countries request an Evaluation by IERF or CGFNS.

- _____ Graduates of Non-English Speaking Countries arrange to take one of the Arkansas State Board of Nursing approved English proficiency examinations.

- _____ Graduates of English Speaking Countries and the Philippines request Nursing School to complete the Education Evaluation Form and send to Arkansas State Board of Nursing with an official transcript.

- _____ Graduates of English Speaking Countries and the Philippines request the licensure agency of the country of licensure to complete and send Verification Form to Arkansas State Board of Nursing.

- _____ Have your fingerprints done and send form and cards to the Arkansas State Police as directions indicate.

- _____ Register for the NCLEX® examination.

Arkansas State Board of Nursing Process

1. After the Board has received all the required documents and you have met all of the Board's requirements for licensure you will be deemed eligible to test.
2. Upon being deemed eligible to test you will receive an Authorization to Test (ATT). The ATT is valid for ninety (90) days. At that point you will be able to make your appointment to take the examination.
3. When you pass the examination a temporary (six month) permit or your permanent license will be issued.



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VERIFICATION FORM FOR GRADUATES OF ENGLISH SPEAKING NURSING SCHOOLS OUTSIDE OF THE U.S.A. (INCLUDING THE PHILIPPINES)

SEND THIS FORM TO THE OFFICIAL LICENSURE AGENCY IN COUNTRY WHERE YOU WERE
ORIGINALLY LICENSED.

PART I. COMPLETE BY APPLICANT

Current Name _____

Current Address _____

Name on Original License _____ Country _____

Original License Number _____ Date of Original Licensure _____

THE ABOVE NAMED PERSON HAS APPLIED FOR LICENSURE AS A NURSE BY EXAMINATION.
PLEASE COMPLETE AND RETURN TO:

ARKANSAS STATE BOARD OF NURSING
UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY AVE., SUITE 800
LITTLE ROCK, AR 72204-1619

PART II. TO BE COMPLETED BY AN OFFICIAL LICENSURE AGENCY

I hereby verify that _____ is a graduate of
_____ school of nursing, which was an officially approved
school at the time of his/her graduation.

Licensed in _____ by examination. Date of original licensure _____
COUNTRY

Registered Nurse License Number _____ Expiration Date _____

Licensed Practical/Vocational Nurse License Number _____ Expiration Date _____

Has license ever been encumbered? YES NO (If yes, state circumstances.)

Is applicant currently under investigation? YES NO

SEAL

Official Officer

Country of _____

Dated at _____ this _____ day of _____, 20 _____



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NURSING EDUCATION EVALUATION FOR GRADUATES OF ENGLISH SPEAKING NURSING SCHOOLS OUTSIDE OF THE U.S.A. (INCLUDING THE PHILIPPINES)

APPLICANT: Complete the following section and send to the school of nursing from which you graduated.

NAME _____

COLLEGE/SCHOOL ATTENDED _____

NAME WHILE IN SCHOOL _____ **DATE GRADUATED** _____

Registrar/Nursing Program Director

The above named person has applied to take the NCLEX examination in Arkansas. In order to be eligible, our regulations require that the International nursing education program must be "substantially similar" to our own graduates' nursing program. In order to determine this, we need to know the number of clock hours (not weeks or months) in each of the five nursing specialty areas in both theory/classroom content and clinical/practice that the graduate of your program has completed. Include an official transcript also.

Please complete the following:

NURSING SPECIALTY AREA	NUMBER OF THEORY/CLASSROOM CLOCK HOURS	NUMBER OF CLINICAL/PRACTICE CLOCK HOURS
MEDICAL NURSING		
SURGICAL NURSING		
PEDIATRICS		
OBSTETRICS		
PSYCHIATRIC NURSING		

Was the language of instruction and textbooks for this nursing program in English?
YES _____ NO _____ COMMENTS _____

Did this applicant meet all of the requirements for exam/licensure in your country?
YES _____ NO _____ COMMENTS _____

REGISTRAR/NURSING PROGRAM DIRECTOR

NURSING SCHOOL SEAL
(not valid without nursing school seal)

DATE



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FBI and ARKANSAS CRIMINAL BACKGROUND CHECKS INSTRUCTIONS

Complete your applications in the following manner:

1. CRIMINAL BACKGROUND CHECK FORM

- a. Complete the ASBN Criminal Background Check Form. Every question MUST be answered or the form will be returned to you.
- b. The last name on your Criminal Background Check Form MUST match the last name on your Arkansas application, the last name on your registration for the licensure exam, AND your driver's license.
- c. THE CRIMINAL BACKGROUND CHECK FORM MUST BE NOTARIZED.
- d. Enclose two (2) separate cashier's checks or money orders, one for \$22.00, payable to the Arkansas State Board of Nursing and one for \$19.25, payable to the Arkansas State Police. **NO PERSONAL CHECKS.**

2. FBI FINGERPRINT CARD (*You MUST use the card provided by ASBN*)

- a. Complete the following boxes on the card (type or print, **black ink only**)
 - Last name, first name, middle name
 - Signature of person fingerprinted
 - Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
 - ORI (this block should read: AR920430Z State Board of Nursing, Little Rock, AR).
 - Date of birth (numeric month, numeric day, numeric year)
 - Residence of person fingerprinted (street address or post office box, city, state, zip)
 - Citizenship (i.e., United States, England, Philippines)
 - Sex, race, height, weight, eyes (color), hair (color)
Sex: M=Male; F=Female
Race: A=Asian; W=White; B=Black; I=American Indian; U=Unknown; (If Hispanic use "W")
Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel;
MAR=Maroon; PNK=Pink; XXX=Unknown
Hair: BAL=Bald; BRO=Brown; SDY=Sandy; BLK=Black; GRY=Gray; WHI=White; BLN=Blond;
RED=Red; XXX=Unknown
 - Place of birth (city, state, or foreign country)
 - Employer and address ("none" if you are unemployed)
 - Reason fingerprinted - write in: AR State Board of Nursing - ACA §17-87-312
 - Social Security numberLeave all other spaces blank (OCA, FBI, MNU, MNU)
- b. Have fingerprints done by someone appropriately trained to collect them. Your local police or sheriff's department may be willing to accommodate you. There may be a fee involved. The Arkansas State Police ID Bureau in Little Rock on Geyer Springs Road at I-30 will do your fingerprints without charge on Tuesdays and Wednesdays from 9:00 - 11:00 a.m. and Thursdays from 11:00 a.m. to 1:00 p.m.

If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notations recommended for fingerprint submissions include: Amp (amputated), Ti--Amp (tip amputated), Missing at Birth, Cut-off, Shot-off, Deformed, and Missing.

Common errors that will delay the processing of your FBI criminal background check are incomplete FBI fingerprint card and poor quality of fingerprints. **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD.**

If you are a graduating student in Arkansas, your nursing education program may have arranged for your fingerprints to be done.

3. Submit the Arkansas State Police Criminal Background Check Form and the FBI Fingerprint Card, along with two separate cashier's checks or money orders (one for \$22.00 payable to Arkansas State Board of Nursing & one for \$19.25 payable to Arkansas State Police) to:
Arkansas State Board of Nursing, 1123 S. University Ave., #800, Little Rock, AR 72204

DO NOT, UNDER ANY CIRCUMSTANCES, CONTACT THE ARKANSAS STATE POLICE OR THE FBI ABOUT THE STATUS OF YOUR CRIMINAL BACKGROUND CHECKS.



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ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECKS

- ITEMS NEEDED:
1. This form completed (typed or printed clearly).
 2. Two separate cashier's checks or money orders, one for \$22.00 payable to Arkansas State Board of Nursing and one for \$19.25 payable to Arkansas State Police. **NO PERSONAL CHECKS.**
 3. The last name on your criminal background check application must match the last name on your licensure application and your driver's license.
YOU MUST HAVE THIS FORM NOTARIZED.

NAME: LAST FIRST MIDDLE MAIDEN DAYTIME PHONE NUMBER

OTHER NAMES YOU HAVE USED RACE SEX SOCIAL SECURITY NUMBER

DATE OF BIRTH PLACE OF BIRTH (STATE) DRIVER'S LICENSE # STATE OF ISSUE

MAILING ADDRESS CITY STATE ZIP CODE

I, THE UNDERSIGNED, HEREBY GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT THE REQUIRED CRIMINAL RECORD CHECKS ON MYSELF AND RELEASE ANY RESULTS TO THE ARKANSAS STATE BOARD OF NURSING.

SIGNATURE OF APPLICANT DATE

RETURN THIS FORM, FINGERPRINT CARD AND TWO SEPARATE CASHIER'S CHECKS OR MONEY ORDERS (one for \$22.00 payable to ASBN and one for \$19.25 payable to Arkansas State Police) to:
Arkansas State Board of Nursing, 1123 S. University Avenue, #800, Little Rock, AR 72204

State of _____

County of _____

Sworn to before me this _____ day of _____, 20____.
My Commission Expires _____

NOTARY SEAL

Notary Public