



Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

Board of Nursing

PO Box 30193

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

PRACTICAL NURSE EXAMINATION APPLICATION PACKET

INCLUDED IN THIS PACKET:

- 1. Mailing Information & Content.....Page 1-2
- 2. Licensure InstructionsPage 3-5
- 3. Application.....Page 6-8
- 4. Printing InstructionsPage 9
- 5. Application Checklist.....Page 10
- 6. Top Things Applicants Should Know.....Page 11
- 7. Glossary/Definition of Terms.....Page 12
- 8. Frequently Asked Questions.....Page 13
- 9. Websites & Links.....Page 14



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LICENSED PRACTICAL NURSE EXAMINATION INSTRUCTIONS

*** Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.***

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Nursing. Eligibility to sit for the NCLEX-PN is determined solely by the Michigan Board of Nursing.
2. You must register to take the NCLEX-PN by contacting Pearson Professional Testing (PPT) at www.pearsonvue.com/nclex. After you have submitted your licensure application, supporting documents, and registered with PPT, the Michigan Board of Nursing will make you eligible to take the examination. PPT will then send you an Authorization to Test (ATT) along with instructions for scheduling your test date, time and location. **You must sit for your examination within 90 days of receiving your ATT.** You may obtain an NCLEX Bulletin from the PPT website or from www.ncsbn.org.
3. Applicants for licensed practical nurse licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.

UNITED STATES GRADUATE APPLICANTS:

1. Michigan nursing graduates must request that their approved nursing school submit a Michigan Nursing School Certification Form directly to the Michigan Board of Nursing. Out-of-state graduates must have their approved nursing school submit **final official** transcripts directly to the Michigan Board of Nursing. Transcripts must include degree earned and graduation date to be accepted.
2. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Nursing from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable.
3. If you have been licensed in a state that uses the Nursys verification system, you should register with Nursys on-line at www.nursys.com or by calling toll-free (866) 819-1700 for verification of your license(s).

LICENSED PRACTICAL NURSE EXAMINATION INSTRUCTIONS CONTINUED

FOREIGN GRADUATE APPLICANTS:

1. Applicants who graduated from an educational program outside the United States taught in English need to have the following documentation submitted to the Michigan Board of Nursing to be eligible for the NCLEX-PN examination:
 - a. Have a Professional Report completed by the Credentials Evaluation Service (CES) of the Commission on Graduates of Foreign Nursing Schools (CGFNS). Contact CGFNS at 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651, (215) 222-8454 or via their website, www.cgfns.org, to obtain an application for the CES Professional Report and English Proficiency Report, if necessary. The completed CES Report must be sent to our office directly from CES/CGFNS.

OR

 - b. Have a full course-by-course credential evaluation of your nursing education reviewed and certified by a credentialing agency accredited by the National Association of Credential Evaluation Service (NACES). The list of approved credentialing agencies can be found on their website, www.naces.org, under "Current Members".
2. Applicants who have graduated from an educational program outside the United States **NOT** taught in English need to have the following documentation submitted to the Michigan Board of Nursing to be eligible for the NCLEX-PN examination:
 - a. Have a Professional Report completed by the Credentials Evaluation Service (CES) of the Commission on Graduates of Foreign Nursing Schools (CGFNS). If your educational program was not taught in English, the Michigan Board of Nursing must also receive the CGFNS Language Report on English Proficiency. Contact CGFNS at 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651, (215) 222-8454, or via their website, www.cgfns.org, to obtain an application for the CES Professional Report and English Proficiency Report. The completed CES Report and English Proficiency Report must be sent to our office directly from CGFNS.

OR

 - b. Have a full course-by-course credential evaluation of your nursing education reviewed and certified by a credentialing agency accredited by the National Association of Credential Evaluation Service (NACES). The list of approved credentialing agencies can be found on their website, www.naces.org under "Current Members".

AND

 - c. Foreign graduates whose nursing education was not taught in English, must pass the TOEFLibt administered by the Educational Testing Service (ETS). The passing score on the TOEFLibt is an overall score of 80. Information about the TOEFLibt exam is available on the web at www.toefl.org. The Institutional Code for Nursing is 9228.

LICENSED PRACTICAL NURSE EXAMINATION INSTRUCTIONS CONTINUED

Please Note:

- An application submitted with the appropriate fee is valid for three years from the date it is received. If an applicant fails to complete the requirements for licensure within the three year period following the date of application, the application will become invalid.
- If educated in the United States, an applicant for practical nurse licensure in Michigan must take the NCLEX-PN at least once within two years from the date of graduation from an approved nursing school.
- If an individual does not pass the NCLEX-PN within 12 months of the first attempt, he or she will be required to complete an approved PN exam review course and provide certification of completion of the review course to the Michigan Board of Nursing.
- If an individual is not successful in passing the NCLEX-PN after 3 attempts, he or she will be required to complete an approved PN exam review course and provide certification of completion of the review course to the Michigan Board of Nursing.
- If an individual is not successful in passing the NCLEX-PN after 6 attempts, he or she will be required to complete an entire approved PN educational program before being made eligible to take the NCLEX again.
- If you pass the examination, you will receive your license but you **will not** receive notice of your test results.
- If you fail the test, you will receive a breakdown of your scores.

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FOR BOARD USE ONLY

License Number

Issue Date:

APPLICATION FOR PRACTICAL NURSE LICENSE

I am applying for the following:

- PN by Examination Fee: \$54.00 71-4703-0156
- Michigan Graduate Out-of State Graduate Canadian Graduate Foreign Graduate

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

1. Demographic Information

First Name:		Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:	
Street Address:		Apt/Bldg. #:	
City:	State:	Zip Code:	
Country:			
Phone Number:		E-mail Address:	
Have you ever held a health professional license in any profession in Michigan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the health professional license issued after 2008?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent ID/License Number:		Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received in any other name? If yes, list name(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony? Yes
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? Yes
 No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? Yes
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? Yes
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period? Yes
 No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country? Yes
 No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified? Yes
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years? Yes
 No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name:

9. Have you been approved for or written the P.N. Exam for another U.S. Jurisdiction? Yes No

10. Have you ever filed an R.N. or P.N. application in Michigan? Yes No

3. Professional Education

Name of P.N. Nursing Program	Location of Nursing Program	Graduation Date	Certificate/Diploma/Degree Granted

4. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent P.N. license or registration in any state or Canadian province? Yes No

If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY LICENSES.** (Attach additional sheets if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Examination or Endorsement)

5. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Please print out the Application (Pages 6-8). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Nursing
PO Box 30193
Lansing, MI 48909

APPLICATION CHECKLIST INSTRUCTIONS

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

Application Fee: Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

1. Demographic Information:

Social Security Number: Please list only a United States Social Security number.

Name: List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

2. Personal Data Questions:

All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation on a separate sheet with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

3. Professional Education:

List your current or completed nurse program. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

4. Licenses in Other State(s) and/or Province(s):

List all states/provinces where you have ever held an LPN license. Indicate method of licensure - examination or endorsement.

5. Certification:

You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP TEN THINGS APPLICANTS SHOULD KNOW

- 1. NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and **DO NOT** send the checklist to the Board of Nursing office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. The name and address on your Michigan practical nurse application **must match exactly** to the name you registered with PPT. If your name does not match exactly, you may not receive your ATT or you may not be allowed to sit for your examination.
- 8. SPECIAL ACCOMMODATIONS:** If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your nursing program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.
9. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Nursing in writing to request a partial refund.
10. If your name and/or address changes please notify the Board of Nursing in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 373-7179 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, Applications Section, PO Box 30193, Lansing, MI 48909. Telephone calls are **NOT** accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board approved program.
CONTINUING EDUCATION UNIT (CEU)	A CEU is a continuing education unit, which consists of ten continuing education credits/hours. A nurse is required to earn 25 continuing education credits or 2.5 CEU's in order to renew the license.
ENDORSEMENT	Application made by an individual who holds an original license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass the NCLEX-LPN in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license that has not lapsed is reactivated by the Board of Nursing.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, PO Box 30193, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board of Nursing will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How can I get more information regarding the NCLEX-PN Examination?

You can contact Pearson Professional Testing (PPT) at (866) 496-2539 after your application has been submitted. In addition, an NCLEX bulletin can be downloaded at www.ncsbn.org or www.pearsonvue.com/nclex.

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming March 31st renewal date. Each subsequent license will cover a full two-year cycle.

Q. Do I have to earn continuing education for this first license?

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal, Michigan nurses are required to earn 25 hours of board-approved continuing education credit over each two-year cycle of licensure. One of the 25 hours must be earned in pain and pain symptom management. The Michigan Board of Nursing does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a four year period in case you are audited by the Michigan Board of Nursing.

Q. How do I renew my license?

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Health Care Services	www.michigan.gov/bhcs
Health Professions Licensing Division	www.michigan.gov/healthlicense
Michigan Board of Nursing Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/apstatus
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

National Council of State Boards of Nursing (NCSBN)	www.ncsbn.com
Pearson Professional Testing (PPT)	www.pearsonvue.com/nclex
Nursys	www.nursys.com
Identogo	www.identogo.com