



ARKANSAS STATE BOARD OF NURSING

1123 S. University Avenue, Suite 800, University Tower Building, Little Rock, AR 72204

Phone: 501.686.2700

Fax: 501.686.2714

www.arsbn.org

Dear International Graduate Applicant,

Thank you for submitting your application for licensure. The information contained in this packet is designed to assist you with information you need to submit to begin the application process. Please read the instructions carefully and provide all required documentation.

A completed application and correct amount of required fee(s) must be mailed to the Arkansas State Board of Nursing (the Board) office before your application will be processed. An incomplete application or an application that is received without the correct fee amount will not be processed and will be returned to the mailing address provided on your application.

You must have a Board approved credentialing agency complete a verification report on you and have them submit an official report to the Board. Please note that the verification process may take some time. If you have questions regarding the verification process, please direct your questions to the Board approved verification agency that you have chosen. Information and contact numbers for the Board approved agencies are located within this packet.

Once the Board has received the agency's report, your application material will be reviewed to determine if you meet preliminary eligibility requirements. If you are deemed eligible to continue the process, the Board will notify you and provide instructions on how to complete the State and Federal criminal background check process.

After the Board has received the required documents, including the state and federal background checks, and you have met all of the Board requirements, you may be deemed eligible to test and the Board will notify you to register with Pearson Vue to take the National Council Licensure Examination (NCLEX®).

Additional information regarding each step in the process is included within this packet. Please read and follow directions carefully. An International Graduates Checklist for Licensure Examination is included to guide you through the application process. In the event that you need to contact our office, you may do so by accessing our website at www.arsbn.org and filling out the contact us form and submitting it via e-mail.

Sincerely,

Arkansas State Board of Nursing Staff

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

INTERNATIONAL GRADUATES LICENSURE EXAMINATION APPLICATION INSTRUCTIONS

GENERAL INFORMATION

For information to assist you in understanding the process of acquiring licensure in the United States, refer to the National Council of State Boards of Nursing's (NCSBN) Resource Manual for International Nurses located on their website at <https://www.ncsbn.org/171.htm>

APPLICATION FOR LICENSURE

1. Complete the enclosed Arkansas State Board of Nursing Examination Application for International Graduates form. A complete application form and all other required documentation must be in the Board office before you are reviewed for eligibility for testing. Complete the application in its entirety; print (except in areas requesting signature) legibly in blue or black ink or type the information on the application. **NOTE:** A physical and mailing address must be provided for purposes of communication. If incomplete application material must be returned to you, the Board will use the mailing address. If you have a Third Party Authorization, the authorized agency address will be used for mailing purposes. Faxed, e-mailed or copied applications are not acceptable.
2. Payment of fees for the Board application for licensure may be made by credit card, money order or certified check. If paying by money order or certified check, attach the \$200.00 application fee to the application with a paperclip. If payment is being made by credit card, refer to the credit card information on the enclosed Examination Application for International Graduates. **ALL FEES ARE NON-REFUNDABLE.**
3. Complete the Affidavit section on the Examination Application in the presence of a Notary Public.
4. Include your FULL signature on the application, not just initials.
5. A social security number is required for individuals applying for licensure.
6. 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 the Nurse Licensure Compact, go to the National Council of State Board of Nursing (NCSBN) website at www.ncsbn.org. Click on the Nurse Licensure Compact (NLC) link.

ELIGIBILITY REQUIREMENT INFORMATION

The candidate that is applying for the licensure examination must meet the required eligibility requirements as identified below. Required documents and/or reports must be sent to the Board directly from official agencies or institutions.

1. Successful completion of and graduation from an approved or accredited school of nursing that is similar to an approved school of nursing in the United States.
2. Credentials review that includes verification of education, training, experience, and licensure with respect to the statutory and regulatory requirements for the nursing profession. The credentials review will include an evaluation conducted by one of the qualified Board approved credentials evaluators as identified in the enclosed Credentials Verification Information.
3. Content in theory and practice in medical, surgical, pediatric, obstetric, and psychiatric nursing which is substantially similar in length and content to that in an equivalent Arkansas Board approved nursing program at the time of application as verified by a qualified Board approved credentials evaluators as identified in the enclosed Credentials Verification Information.
4. Transcripts and certificates which are not in English must be accompanied by a certified translation. The Board does not evaluate transcripts. You must have an evaluation of educational credentials review which will include an evaluation conducted by one of the qualified Board approved credentials evaluators as identified in the enclosed Credentials Verification Information.
5. Licensure or proof of eligibility for licensure in the country of graduation as verified by one of the qualified Board approved credentials evaluators as identified in the enclosed Credentials Verification Information.
6. Oral and written competence in English. The Board does not evaluate English Proficiency results. You must have an evaluation of English Proficiency conducted by one of the qualified Board approved credentials evaluators as identified in the enclosed Credentials Verification Information.
 - Graduates from Nursing Schools in English Speaking Countries in which the official language is English and the program of instruction, textbooks, and transcripts are written in English will have proficiency verification conducted by a Board approved credentials evaluator.
 - Graduates from Nursing Schools in Non-English Speaking Countries must complete one of the Board approved English proficiency examinations as identified in the enclosed English Proficiency Information.
7. State and federal criminal background checks within the past twelve months shall be on file with the Board. Information regarding completion of the required criminal background check process will be available to you once the Board has determined that you have met preliminary eligibility requirements. If the criminal background check reveals violations you will be required to submit official legal documentation and other related information to the Board. Additional information is identified in the enclosed Criminal Background Check Information.
8. Applicants shall be required to take such licensure examinations as required of Arkansas Board approved nursing programs.

INTERNATIONAL GRADUATES LICENSURE EXAMINATION APPLICATION INSTRUCTIONS PAGE TWO

CREDENTIALS VERIFICATION INFORMATION

You must submit a request to one of the following Board approved credentialing agency evaluators and have a complete verification report conducted on you and have them submit an official report to the Board. The report will provide the Board with advisory information regarding eligibility requirements 1 – 6.

Associated fees and expenses for conduction of the verification report are at the applicant's expense and are paid directly to the agency that you chose. You must request that official reports/ documents are sent to the Board directly from official agencies or institutions.

Please note that the respective agency's verification process may take some time. If you have questions regarding the verification process, please contact them by accessing their website or contacting them at the number provided below.

1. 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
Information to request:
Request the CGFNS Credentials Evaluation Service (CES) Full Education Course-by-Course Report with an English Language Proficiency report
2. International Education Research Foundation (IERF)
P. O. Box 3665, Culver City, CA 90231-3665
Telephone: (310) 258-9451
E-mail: info@ierf.org
Website for instructions and forms: www.ierf.org
Information to request:
Request the credentials evaluation via the Specialized Application and review of English Proficiency.

ENGLISH PROFICIENCY INFORMATION

Graduates/nurses from Nursing Schools in Non-English Speaking Countries must complete one of the Board approved English proficiency examinations and meet the identified score requirements.

The Board does not review results from English Proficiency examinations. You must request that results from your English proficiency testing are sent to the verification agency that you chose. Verification of English proficiency will be sent to the Board directly from the verification agency.

Associated fees and expenses for conduction and review of the English proficiency test are at the applicants expense and are paid directly to the testing and verification agency that you chose.

BOARD APPROVED ENGLISH PROFICIENCY TESTS AND REQUIRED SCORES

1. Test for English Foreign Language (TOEFL) — www.toefl.org
A passing score of 540 on the paper examination; 207 for the computerized examination; or 83 on the Internet based examination is required.
2. Test of English for International Communication (TOEIC) — www.toeic.com
A passing score of 725 is required.
3. International English Language Testing System (IELTS) — www.ielts.org
A passing score in the academic module of 6.5 and the Spoken Band score of 7 is required.
4. The Test of Spoken English (TSE) — www.toefl.org
Required test for Licensed Practical Nurse applicants with a passing score of 50 required.

CRIMINAL BACKGROUND CHECK INFORMATION

Once the Board has received the agency report, your application material will be reviewed to determine if you meet preliminary eligibility requirements. If you are deemed eligible to continue the process, the Board will notify you to complete the State and Federal criminal background check process. Do not complete or submit criminal background check applications before the board notifies you to do so.

1. 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.)
2. Information regarding completion of the required criminal background check process will be made available to you if the Board deems you eligible to continue the process.
3. Associated fees and expenses for conduction of the criminal background checks are at the applicant's expense. Specific information regarding completion of this requirement will be included in the material once you are notified by the Board to complete this process.

INTERNATIONAL GRADUATES LICENSURE EXAMINATION APPLICATION INSTRUCTIONS PAGE THREE

NCLEX EXAMINATION CANDIDATE BULLETIN & APPLICATION

Once the Board has received all material, including the state and federal background reports you may be deemed eligible to register with Pearson Vue to take the National Council Licensure Examination (NCLEX®). Do not attempt to register before the Board notifies you to do so.

1. In addition to submitting an Examination Application for International Graduates form to the Board, all applicants must register with Pearson Vue to take the National Council Licensure Examination (NCLEX®).
2. The NCLEX® is a national examination and can be taken at any testing site with the results sent to Arkansas.
3. The NCLEX® Examination Candidate Bulletin explains the process for registering for the licensure examination. The NCLEX® candidate bulletin can be accessed as a PDF file at www.pearsonvue.com/nclex. Read the candidate bulletin carefully and follow the directions precisely. Failure to register with Pearson Vue will delay their issuance of an Authorization To Test (ATT) number. The ATT is valid for ninety (90) days. At that point you will be able to make your appointment with Pearson Vue to take the NCLEX® examination.
4. Associated fees and expenses for conduction of the NCLEX® are at the applicant's expense.
5. Again, do not attempt to register for NCLEX® before the Board notifies you to do so.
6. To learn more about the NCLEX® and computerized testing, please go to The National Council of State Boards of Nursing's website at www.ncsbn.org and click on Testing Services.

IMMIGRATION AND VISA INFORMATION

Immigration and visa issues are not within the Board's purview; this section is for referral purposes only. Please 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.

THIRD PARTY AUTHORIZATION INFORMATION

1. Applicants are not required to have a third party to act on their behalf, but if you plan to have an agency other than yourself act as your representative in the application for licensure process, please complete the enclosed Third Party Authorization form and have your authorized representative submit it to the Board with your application and fee. Complete your signature on the Third Party Authorization form in the presence of a Notary Public.
2. A social security number is required on the form.
3. Associated fees and expenses for an outside agency are at the applicant expense.
4. Completion of the Third Party Authorization form is not intended for CGFNS or IERF use.
5. Discard the Third Party Authorization form if you are submitting the application for yourself and do not plan to have someone other than yourself act as your representative.

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 • 501.686.2714 fax • www.arsbn.org

EXAMINATION APPLICATION FOR INTERNATIONAL GRADUATES

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

Physical Address _____
STREET CITY STATE ZIP COUNTRY

Mailing Address _____
STREET CITY STATE ZIP COUNTRY

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

Date of Birth _____ Country of Birth _____ E-mail address _____
MM/DD/YYYY

Gender ____ Male ____ Female Name & Phone Number of Nearest Relative _____ () _____
NAME PHONE NUMBER

ETHNIC INFORMATION (check one): African American Asian Indian Asian Other Hispanic
 Native American Pacific Islander White, not of Hispanic origin Other

Graduate of _____ School address _____
(NAME OF NURSING SCHOOL)

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 _____

Are you applying through a staffing agency? If so, list staffing agency contact information.

Name of agency _____

Agency contact information _____
ADDRESS CITY STATE ZIP

Agency e-mail address _____ Agency Web site address _____

Have you ever been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction? DWIs and similar offenses must be reported. (Traffic violations do not constitute a crime.) YES NO
(If yes, please include a certified copy of the court docket, plea agreement, or conviction papers, and evidence that fines, restitution are paid.)

Have you ever had any license, certificate, registration, or privilege to practice 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.)

(over)

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

01-0016

IMPORTANT: Incomplete applications, including transcripts and failed examination files will be deleted and discarded when there has been no action in the file (i.e. correspondence from applicant, retake of exam, etc.) for five (5) years.

International Examination License Fee \$200.00

METHOD OF PAYMENT

- In-state personal check
- Money order/cashiers check
- Credit card

**OUT-OF-STATE PERSONAL CHECKS
ARE NOT ACCEPTED
FEE IS NONREFUNDABLE**

CREDIT CARD INFORMATION Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees by credit card. The Arkansas State Board of Nursing does not receive any portion of the processing fee.		
Type of card	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/> Discover <input type="checkbox"/>
Cardholder's Name	_____	
Cardholder's billing address	_____	
	City _____	State _____ Zip _____
Credit Card #	_____	
Expiration date	mm / yyyy _____	Amount paid _____
Signature	_____	
<small>*Processing fee - International Examination Application - \$7.00</small>		

AFFIDAVIT

State of _____

County of _____

I, _____, being duly sworn, state that I am the person who is referred to in the foregoing application for licensure in the State of Arkansas; that the statements herein contained are true in every respect; that I have complied with all requirements of the law; and that I have read and understand this affidavit. I hereby give my consent for the Arkansas State Police and FBI to release the criminal background checks results to the Arkansas State Board of Nursing. I understand that if the processing of this application is not completed, the application becomes null and void one year from date received. I also understand that falsification of this form is grounds for discipline against my license.

APPLICANT'S SIGNATURE

NOTARY PUBLIC

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

AFFIX
NOTARY SEAL
HERE



ARKANSAS STATE BOARD OF NURSING

1123 S. University Avenue, Suite 800, Little Rock, AR 72204
Phone: 501.686.2700 Fax: 501.686.2714 www.arsbn.org

THIRD PARTY AUTHORIZATION FORM

Directions: If you have an agency/company act as your representative in the application for licensure process, please complete this form and have the authorized representative submit it to the Arkansas State Board of Nursing (herein referred to as the Board). Discard this form if you are submitting the application for yourself and do not plan to have an agency/company act as your representative.

Authorization: I, _____, the undersigned, do hereby authorize the Board to release any and all information pertaining to my application process to the authorized agency or agency employee identified by me herein; including but not limited to (initial each):

- _____ File my application,
- _____ Pay my application fee, and
- _____ Act as my representative in all matters with the Board.

Authorized Agent Information *(Print information):*

Name of authorized agent/contact _____

Name of organization that your agent/contact represents _____

Address _____

Phone number _____ Fax number _____

E-mail address _____

Applicant Information *(Print except if directed otherwise):*

I understand that all communications (including, but not limited to, examination scores, license, if issued) will be sent to the authorized agent/contact.

Full Name _____ Date _____

Date of Birth _____ Social Security Number _____

Applicant Full Signature *(Do not print)* _____

Notary Public

This instrument was acknowledged before me on by _____
Date _____

State of _____

County of _____

My Commission expires _____

Notary Public

SEAL

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

INTERNATIONAL GRADUATES CHECKLIST FOR LICENSURE EXAMINATION

Use the following checklist to guide you through the application process.

- _____ 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 completed Examination Application for International Graduates form and fee of \$200.00 to the Board. If you are using a third party agency, they are required to submit the form with application.
- _____ Contact approved verification evaluation agency, either CGFNS or IERF. Request approved report and have completed report sent to the Board.
- _____ Graduates of Non-English Speaking Countries must arrange to take one of the Board approved English proficiency examinations and have scores submitted to the verification agency for inclusion in their report to the Board.
- _____ Graduates of English speaking countries must request that the verification agency reviews your program of instruction, textbooks, and transcripts to determine that they are written in English. You will need to provide information to the agency for their review and for inclusion in their report to the Board.
- _____ After Board notification, complete Criminal Background Check forms as identified in the FBI and Arkansas Criminal Background Check instructions. Send form, fingerprint board and correct fees to the Board as directions indicate.
- _____ After Board notification, register for the NCLEX® as identified in the NCLEX Examination Candidate Bulletin. Obtain the bulletin as identified in the enclosed instructions.