

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

PN EQUIVALENCY INFORMATION AND INSTRUCTIONS

- Candidates may not be eligible for licensure in other states under this equivalency provision.
- Candidates will be required to successfully complete the Board-approved course *PN Scope of Practice and Behaviors*. The course fee is \$60.00 and found at the Web site - www.educationcenterarna.org. The comprehensive exam must be passed with a score of 80 percent or higher. Submit certificate of completion to the Board office to the attention of the education department.
- There are some Arkansas programs who are not eligible to participate - please check with your school.

QUALIFICATIONS

RN Education Program - Partial Completion Applicants

1. A candidate must have successfully completed coursework in an RN education program approved by the Arkansas State Board of Nursing, or a similar Board in another state. Courses in external degree programs are not acceptable for PN equivalency (e.g., Excelsior External Degree Program).
2. Coursework must include academic courses, including a clinical component, in Medical-Surgical Nursing, Maternity Nursing, Mental Health Nursing, and Pediatric Nursing; general education courses in Anatomy and Physiology; and course content in Growth and Development, Pharmacology and Nutrition. All courses utilized for equivalent credit must be completed with a minimum grade of "C" reflected on the official transcript. Medical-Surgical Nursing must include content related to major body systems in non-complex conditions.
3. Candidates must apply within two years from date of completion of last nursing course.
4. Have an official transcript sent directly from the college or university where you attend/attended the RN education program to the Arkansas State Board of Nursing office.
5. If you attended a college or university outside of Arkansas, in addition to the transcript, you must send a copy of the syllabus from each nursing course completed that contains content in medical-surgical nursing, maternity nursing, pediatric nursing, pharmacology, nutrition, growth and development, and mental health concepts.

NCLEX-RN Failure Applicants

1. A candidate must have failed the NCLEX-RN exam. Official results must be submitted with the application.
2. If you had a criminal background check more than 12 months ago, it must be repeated.

Licensed Psychiatric Technician Nurse (LPTN) Applicants

1. A candidate must have graduated from an Arkansas Board-approved LPTN program after March 18, 1980.
2. An official transcript must be provided to the Board office.

APPLICATION PROCESS

ASBN Application

1. Use blue or black ink or type to complete the application. NOTE: A street address must be provided.
2. The fee is \$75. Personal checks are accepted from in-state applicants only. **FEES ARE NONREFUNDABLE.**

Application for 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 any offense listed in ACA § 17-87-312, he/she is not eligible for Arkansas licensure. (ACA § 17-87-312 provides opportunity to request a waiver of eligibility criteria related to a criminal background in certain circumstances.)

Criminal background checks shall be completed no earlier than twelve (12) months prior to the application for licensure by examination. If criminal background checks are older than twelve (12) months, they must be repeated.

Submit a Criminal Background Check application, fingerprint card and appropriate fee to the Arkansas State Board of Nursing. THE CRIMINAL BACKGROUND CHECK MAY TAKE 1-2 MONTHS TO BE PROCESSED.

NCLEX Candidate Bulletin and Application

The NCLEX candidate bulletin can be found as a PDF file at www.pearsonvue.com/nclex. Please read it carefully and follow directions precisely. The registration fee is \$200. Program codes are as follows: NCLEX-RN Exam failure, **39-999**; RN education program - partial completion, **39-997**; LPTN, **39-998**

Your application cannot be processed until you register with Pearson Vue. Pearson Vue will send you information for scheduling your test session. Candidates making errors in the TYPE OF EXAMINATION or STATE OF LICENSURE fields will be charged a \$50 fee by the testing service to correct that information. After your Board of Nursing has made you eligible to test you cannot request a jurisdiction or test type change.

The initial license is provided free of charge. The ASBN renews licenses on a staggered biennial birth date system. Your first license may be valid from 91 days to two years depending upon your birthdate.

Continuing education is required for license renewal. If an initial license is valid for less than two (2) years, you will not be required to meet the continuing education requirements for their first renewal. For all subsequent renewals you will need to meet the continuing education requirements. More information can be obtained on the ASBN Web site.

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PRACTICAL NURSE EQUIVALENCY EXAMINATION APPLICATION

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

Physical Address _____
STREET CITY STATE ZIP

Gender _____ Male _____ Female

Mailing address _____
STREET/P.O.BOX CITY STATE ZIP

E-mail _____

Date of Birth _____ Place of Birth _____
CITY STATE

Social Security Number _____ Telephone number () _____

Name & Phone Number of Nearest Relative _____

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

School attended _____
NAME OF NURSING SCHOOL

School Address _____

Program Entry: Month _____ Year _____ Program Completion: Month _____ Year _____

Do you hold an LPTN license? _____ If yes, state of licensure _____

What is your primary state of residence? _____

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, 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 the 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
AR CERT. NO. _____
DATE _____
CBC (S) _____
(F) _____

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 seven (7) years.

PN Equivalency Examination License Fee \$75.00

METHOD OF PAYMENT

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

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 MasterCard Discover

Cardholder's Name _____

Cardholder's billing address _____

Credit Card # _____

Expiration date mm / yyyy Amount Paid _____

Signature _____

*Processing fee - PN Equivalency Examination Application - \$2.25;

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 the 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.

Sworn to before me this _____ day of _____, 20_____

My Commission Expires _____

APPLICANT'S SIGNATURE

AFFIX
NOTARY SEAL
HERE

SIGNATURE

Notary Public

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FBI and ARKANSAS CRIMINAL BACKGROUND CHECKS INSTRUCTIONS

Use these instructions if you are: an out-of-state graduate, rewrite applicant, internationally educated, advanced practice applicant or endorsing into Arkansas. **IF YOU ARE ENROLLED IN AN ARKANSAS NURSING EDUCATIONAL PROGRAM YOU MUST SUBMIT YOUR BACKGROUND CHECKS THROUGH YOUR NURSING PROGRAM. DO NOT FOLLOW THESE DIRECTIONS.**

Submit to the Board of Nursing, one cashier's check or money order for \$38.50 made payable to the Arkansas State Board of Nursing, along with the completed Arkansas State Police form and fingerprint card. **FEES ARE NONREFUNDABLE.**

Complete your applications in the following manner:

1. **ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK FORM**
 - a. Complete the Arkansas State Police Criminal Background Check Form. Every question **MUST** be answered or the form will be returned to you.
 - b. The name on your Criminal Background Check Form **MUST** be your legal name.
 - c. You must have a social security number. If you do not have one, contact the Board of Nursing (501.686.2709) for further instructions. Do not leave this blank.
 - d. **THE ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK FORM MUST BE NOTARIZED.**

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 number
 - Leave all other spaces blank (OCA, FBI, MNU, MNU)

 - b. Have fingerprints done by properly trained personnel. 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 collect your fingerprints without charge Monday - Friday, 8:00 a.m. - 4:30 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.**

3. Submit to ASBN:
 - a. One cashier's check or money order, payable to ASBN, for \$38.50
 - b. Arkansas State Police Criminal Background Check Form (notarized)
 - c. FBI Fingerprint Card

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 CHECK FORM

Please type or print clearly.

NAME: LAST FIRST MIDDLE MAIDEN

OTHER NAMES YOU HAVE USED RACE SEX SOCIAL SECURITY NUMBER

EYE COLOR HAIR COLOR HEIGHT WEIGHT E-MAIL ADDRESS

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

MAILING ADDRESS CITY STATE/COUNTRY ZIP CODE

DAYTIME PHONE NUMBER

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 A CASHIER'S CHECK OR MONEY ORDER (no personal checks) FOR \$38.50 PAYABLE TO ASBN TO:
Arkansas State Board of Nursing, 1123 S. University Avenue, #800, Little Rock, AR 72204
Fees are nonrefundable

YOU MUST HAVE THIS FORM NOTARIZED.

State of _____

County of _____

Sworn to before me this _____ day of _____ 20 _____

My Commission Expires _____

NOTARY SEAL

SIGNATURE Notary Public



ARKANSAS NURSES ASSOCIATION EDUCATION CENTER

Presents the Online Practical Nursing Course:

PN Scope of Practice and Behaviors

PURPOSE:

The purpose of this course is to provide current, comprehensive information regarding the competencies, scope of practice, and behaviors of the Arkansas Licensed Practical Nurse.

OVERALL GOALS:

Upon successful completion of this course, the practical nurse will:

1. Differentiate between the scope of practice of an LPN and an RN.
2. Utilize the Scope of Practice Decision Making Model to determine safe and effective practice.
3. Determine the role of the practical nurse in delegation of nursing tasks to unlicensed persons.
4. Recognize the 6 Rights of Medication Administration within the LPN Scope of Practice.
5. Identify safe methods for storage and retrieval of patient information via electronic devices within HIPAA guidelines.
6. Identify behaviors or actions that would be considered grounds for disciplinary action according to the Arkansas State Board of Nursing.
7. Identify the purposes and standards of practice of professional organizations for the LPN as defined by NAPNES, NFLPN, and ALPNA.
8. Score 80% or above on the LPN Exam found at the end of this course.

COURSE CONTENT:

The course has six units and a final examination:

- Scope of Practice
- Delegation
- Medication Administration
- Disciplinary Action
- Confidentiality HIPPA
- LPN Nursing Associations
- PN Scope of Practice and Behaviors Exam

ACCESS:

The course is accessed from the website: www.educationcenterarna.org The course instructions and materials are available online. An examination will be given upon completion of the course. The pass rate for the examination is 80%.

PLEASE NOTE: Participants who do not successfully complete the course are required to take the course again, including enrollment for the course and payment of course fees.

FEE: \$60 payable by credit card ONLY. American Express will not be accepted.

The Arkansas Nursing Association Education Center
1123 South University, Suite 1015
Little Rock, AR 72204
PHONE: (501) 244-2363 EMAIL: arna@arna.org