

HAWAII REGISTERED AND PRACTICAL NURSE EXAM APPLICANTS APPLYING FOR LICENSURE IN THE STATE OF HAWAII

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

Follow These Instructions

On April 1994, the NCLEX exam changed from pencil-paper to Computerized Adaptive Testing. **(NCLEX/CAT)**

1. Submit a completed Application for License by Exam along with the **\$40 non-refundable** application fee and any required official documents to:

Hawaii Board of Nursing
DCCA, PVL Licensing
P.O. Box 3469
Honolulu, Hawaii 96801

OR

Deliver to office location at:
335 Merchant St., Rm. 301
Honolulu, HI 96813
Phone: (808) 586-3000

Applications will be accepted on a year-round basis. There will be no specific filing deadlines. Applicants are encouraged to file their application early, to allow sufficient time for evaluation.

2. After a completed application and fee are received, your eligibility for examination will be determined by the Board.
3. Eligible candidates will be mailed an **NCLEX/CAT Candidate Bulletin and registration form**. You must then register for the examination directly with Pearson Vue Professional Testing.
4. Once the NCLEX/CAT Data Center has processed your registration and verified your eligibility with the Board of Nursing, you will be mailed an **Authorization To Test** along with a list of Testing Centers.
5. Select and call the Pearson Professional Center of your choice to schedule your appointment to take the test. You do not have to take the NCLEX in the same jurisdiction in which you are seeking licensure. Beginning January 2005, the NCLEX will be administered internationally in Hong Kong, Republic of China, London, England, and Seoul, South Korea.

The Testing Center is required to ensure that all eligible first-time applicants are scheduled within thirty (30) days of their requested test date. In addition, all **eligible** repeat candidates will be scheduled within forty-five (45) days of their requested test date.

6. The Board of Nursing will mail your results approximately two weeks after taking the test. **DO NOT CALL THE BOARD OF NURSING AS RESULTS WILL NOT BE GIVEN OVER THE TELEPHONE.**

A copy of the NCLEX Examination Candidate Bulletin containing all the information which candidates need to register and schedule an appointment is available at: www.ncsbn.org or contact the National Council of State Boards of Nursing, Inc. at 111 East Wacker Dr., Ste. 2900, Chicago, IL 60601-4277, or call (866) 293-9600.

NOTE: All required documents and completed application with fee must be submitted and received prior to determining eligibility for the exam. All applicants are subject to requirements in effect at time of filing.

INFORMATION AND INSTRUCTIONS FOR FILING - NURSE'S LICENSE BY EXAM

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

EXAMINATION

As of April 1994, the NCLEX-PN and NCLEX-RN is computerized. Please follow the attached instruction sheet.

APPLICATION FOR LICENSE

1. Type or print *legibly* in dark ink.
2. Answer **all applicable questions**.
3. Application **must** be signed. Incomplete applications will not be accepted and will be returned for completion. Applications are kept on file for **two (2) years**. Failure to complete the licensing requirements within two (2) years will void your application, and you will be required to re-file an application and fee.

Applications for RN and PN license are considered **separate** applications. You must submit official documents and fees for each application. If you have been granted one type of nurse license and are now applying for the other type of nurse license, you must attach copies of your official documents, or if applicable, have transcripts sent directly to the Board. Copies of documents will **not** be made from the former application.

NURSES RE-APPLYING FOR LICENSE

Nurses who fail to restore their forfeited license within two years must re-apply as new applicants for licensure. If Hawaii was your "**original**" state of licensure, **by examination**, complete the attached application "Nurse's License By Exam". If we no longer have your education and examination documents, you will need to have your education documents sent to the Board. For additional information, see page 4, "Notice to All Nurses Regarding Act 30".

Note: If you were originally licensed in Hawaii by endorsement of an out-of-state license, complete the other application titled "Nurse (Without Exam)".

SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4) HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

FEES

ATTACH the appropriate fee in **U.S. dollars**. Make check payable to: **Commerce & Consumer Affairs**

INITIAL fee for REGISTERED NURSES Application - \$40*

INITIAL fee for PRACTICAL NURSES Application - \$40*

After passing the exam, license fees will be due.

**The application fee is not refundable.*

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

ADDRESS

The Board's mailing address is:

Board of Nursing
P.O. Box 3469
Honolulu, HI 96801

Phone: (808) 586-3000

Molokai & Lanai: 1-800-468-4644, ext. 6-3000
Hawaii: 974-4000, ext. 6-3000
Maui: 984-2400, ext. 6-3000
Kauai: 274-3141, ext. 6-3000

If you wish to deliver your application in person or by over night mail, the Board's street address is:

Board of Nursing
335 Merchant St., Rm. 301
Honolulu, HI 96813

EDUCATION

All required documents and completed application with fee must be submitted and received prior to determining eligibility for the exam. Please allow 2-3 weeks processing time. Applicants are subject to requirements in effect at time of filing.

U.S. GRADUATES

If you have just graduated or will be graduating soon, have your nursing school send the following directly to the Board:

- 1) An official final transcript verifying degree conferred or
- 2) An official letter from your school certifying the successful completion of your nursing program which must be received in the Board's office first in order to be deemed eligible to sit for the exam.

(An official final transcript verifying degree conferred must follow and be received prior to licensure.)

NOTE: If you have graduated from an accredited nursing school or state board recognized nursing program and have passed the NCLEX exam in another state, you must have been licensed in the originating state before you can be licensed in Hawaii. You must request an application for license by endorsement.

FOREIGN SCHOOL APPLYING FOR NCLEX PN/RN EXAM

Each foreign school graduate must have successfully completed a nursing program which is equivalent to U.S. nursing education standards. This is accomplished by having your nursing school transcripts evaluated by the Commission on Graduates of Foreign Nursing Schools (CGFNS). You are to arrange with the CGFNS to have one of the following reports prepared for you:

- a) Credentials Evaluation Service (CES): Full Education Course-by-Course Report. No English competency or CGFNS examination required;

or

- b) Certificaton program (CEP): It includes an English competency exam, the CGFNS exam and an education credentials evaluation.

Please contact the CGFNS for application information at:

Commission on Graduates of Foreign Nursing Schools
3600 Market Street, Ste. 400
Philadelphia, PA 19104-2651
Applicant inquiries: Phone: (215) 349-8767
Website: <http://www.cgfns.org>

Once you have completed the evaluation process, your report will be accessed online provided it was done within one (1) year of filing your application with the Board. You are required to provide your CGFNS ID to the Board in order for the Board to be able to access your report.

If you have completed the evaluation over one (1) year prior to filing your application with the Board, you must submit a copy of your report.

**EDUCATION
(cont'd)**

**FOREIGN SCHOOL
APPLYING FOR
NCLEX PN/RN
EXAM (Cont'd)**

It is the applicant's responsibility to provide all necessary school documents to the evaluator so an accurate assessment can be made. ***The applicant must arrange to have a certification or a Full Education Course-by-Course Evaluation Report. It is the applicant's responsibility to settle any discrepancy in the report with the evaluator. The applicant must work with his or her school to ensure that all appropriate documents and information are received by the evaluator on a timely basis. The applicant must arrange to have an evaluation done weeks/months in advance to ensure that all problems are resolved prior to application submission. Acceptance of report subject to Board approval.***

NOTE: The Hawaii Board of Nursing no longer accepts evaluations prepared by Educational Credential Evaluators (ECE).

**ARMED FORCES
PROGRAM
GRADUATES**

- 1) Submit a certified letter from the Board of Nursing in the state in which the nursing program is located. The letter must verify that the state board recognizes the program as being comparable to a nursing program from an accredited school of nursing. Generally, Armed Forces programs do not meet the educational requirements for the RN program.
- 2) Submit official transcripts and a copy of course descriptions. The latter will be used to determine whether courses taken were comparable to those required by the Hawaii Board of Nursing.

**APPLYING FOR
RE-EXAM**

If your last examination was taken more than two years ago, you are required to re-file an application as a new applicant and meet the current requirements.

**STATE LAWS AND
RULES**

All applicants/licensee are responsible for reading, being knowledgeable and maintaining current knowledge of the Hawaii Statutes and Rules relating to nursing and the amendments adopted throughout the years for the duration of the applicant/licensee's nursing career. These statutes and rules consist of Chapter 89, Hawaii Administrative Rules. Copies of these chapters may be obtained by submitting a written request to the Board of Nursing, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the nursing statutes.

The laws and rules are also available on our website at: www.hawaii.gov/dcca/areas/pvl.

**APPLICANTS WITH
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, contact the Examination Branch at (808) 586-2711 immediately. Determination of candidate qualification for special testing arrangements will be made and the type of special testing arrangements which have to be provided.

**ADDRESS/NAME
CHANGES**

It is the responsibility of the applicant to notify the board of any changes in writing. If you have a name change **after** your application was originally filed, you must provide a photocopy of the name change document along with a letter requesting the change. Or you may use a Name Change Affidavit form from the Board's office. In your correspondence specify that you are applying for licensure by examination.

All address changes must be submitted in **writing**. No changes will be taken over the phone. The board will not be responsible for nonreceipt of any correspondence.

**LICENSE
RENEWALS**

All licenses, regardless of issuance date, expire on June 30 of each odd-numbered year and are subject to renewal. Renewal applications are made available about 60 days prior to the license expiration date. Effort will be made to mail applications to licensees as a courtesy. However, the Board must be informed in a timely manner of any address changes in writing. If a licensee does not receive an application at least 30 days prior to the license expiration date, licensee must contact the Board's office or pick one up at 335 Merchant St., Room 301 in Honolulu. **EACH LICENSEE IS ULTIMATELY RESPONSIBLE FOR THE RENEWAL OF HIS/HER NURSING LICENSE.** The Board will not negotiate this matter with the employers for a licensee who has not timely renewed a nursing license. **AT NO TIME MAY A NURSE, WHOSE LICENSE HAS LAPSED, CONTINUE TO PRACTICE AS A NURSE. IT IS THE NURSE'S DUTY TO INFORM EACH EMPLOYER WHO IS IMPACTED, OF THE NURSE'S FAILURE TO RENEW A NURSING LICENSE ON TIME.**

NOTICE TO ALL NURSES REGARDING ACT 30

Act 30 (Effective April 16, 2006) requires the following:

A. License Renewal & Re-Applying After Forfeiture

- 1) All nurses whose licenses are not renewed by June 30, every odd numbered year shall cause their licenses to be forfeited. These nurses have two years to restore their licenses. (Note: Practicing without a license during his period shall be considered unlicensed activity punishable to the full extent of the law)
- 2) **After** two years of the date of forfeiture, the nurses who fail to restore their forfeited licenses to active status shall be required to apply as new applicants for licensure. These nurses shall be required to submit a new application, fees, education and other pertinent documents, which include successful completion of the National Council of State Boards of Nursing exam.
Nurses who have not practiced nursing in the United States or U.S. territories for five or more years may be required to:
 - a) Retake and pass the NCLEX or
 - b) Complete appropriate continuing education approved by the Hawaii Board of Nursing.
- 3) It is the responsibility of each nurse to keep abreast with amendments to laws relating to nursing. Licensing requirements at the time of application shall apply.

B. License Inactivation and Reactivation of License

- 1) All nurses with inactive licenses who have not practiced nursing in the United States or U.S. territories for five or more years may be required to:
 - a) Retake and pass the NCLEX or
 - b) Complete appropriate continuing education approved by the Hawaii Board of Nursing.
- 2) It is the responsibility of each nurse to keep abreast with amendments to laws related to nursing. Licensing requirements at the time of application shall apply.

The requirements in Act 30 have been incorporated into Chapter 457, Hawaii Revised Statutes (§457-9,HRS).

NOTIFICATION OF DISCIPLINARY ACTION

Once licensed, each licensee who has a nursing license disciplined in another state, must notify the Hawaii Board of Nursing within 30 days of the action. Failure to do so may result in action taken against the person's Hawaii nursing license.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

NOTICE TO NURSES REGARDING ACT 198

Act 198 (effective July 1, 2003) establishes a Center for Nursing (Center) at the University of Hawaii School of Nursing and Dental Hygiene. The Center will help to ensure that better data about nurses is available, which will improve health care in Hawaii, as well as working conditions for nurses. The Center will collect and analyze data and prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce. The Center will conduct research on best practices and quality outcomes, as well as, develop a plan for implementing strategies to recruit and retain nurses. Act 198 establishes a special fund to support the Center's activities and requires the assessment of a \$40 fee to support the Center, and beginning with the 2005 renewal, the fee will be assessed for each license renewal.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE BY EXAM – NURSE

Access this form via website: www.hawaii.gov/dcca/areas/pvl

Circle type of LICENSE you are applying for:

REGISTERED NURSE

PRACTICAL NURSE

Foreign School Graduates

- Indicate when you requested to have your CGFNS certification or evaluation report submitted to the Board. Date _____ CGFNS ID # _____

U.S. School Graduates

- Indicate when you arranged to have your final transcripts sent directly to the Board. Date _____

LEGAL NAME (First, Middle) _____ (LAST) _____

Residence Address (Include apt. no., city, state and zip code)

Mailing Address (ONLY If different from above)

Other names used (include maiden name) _____ Social Security No _____ Phone No. (days) _____

OFFICE USE ONLY

Approved _____ Initials/date _____

License No. _____ Eff. Date _____

- FOREIGN** CGFNS [] CP or [] CES
- U.S. GRADUATES** [] final transcript [] letter of successful completion

Candidate Bulletin Mailed _____ Date Made Eligible: _____

EDUCATION	Name of School	Location (city/state/country)	Dates (mo/yr)		Degree Earned	Type of Program
			From	To		
Nursing					<input type="checkbox"/> ADN <input type="checkbox"/> BSN	RN LPN
	Other					MEPN MSN

OTHER STATE LICENSES	State of Licensure	Circle Method of Licensure			Type of Licensee		License Number
	Original		Exam	Endorsement	Waiver	RN	LPN
Other		Exam	Endorsement	Waiver	RN	LPN	

ALL APPLICANTS

Circle answers and give details when required:

- Are you at least 18 years of age? YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- In the past twenty years, have you ever been convicted of a crime for which the conviction has not been annulled or expunged?..... YES NO
If "YES", arrange to have certified court documentation on the date, place, violation for each conviction and fulfillment of conditions of each sentence sent directly to the Board.
- Has any license ever been revoked, suspended, or otherwise subject to disciplinary action by the Hawaii State Board or another state board? YES NO
If "YES", arrange to have certified documents from each state in which disciplinary action was taken sent directly to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order, and whether you have been re-instated. If re-instated, date and conditions of license).
- Are you presently being investigated or is any disciplinary action pending against you? YES NO
If "YES", specify all states where action was or may be imposed. Arrange to have certified documents from each state in which disciplinary action or investigation occurred or is pending against you sent directly to the Board.
- Have you ever held this type of nursing license in Hawaii? YES NO
a) If "YES", are you re-applying for a license? YES NO
Provide your license number _____ and date license was issued: _____
b) Have you actively practiced nursing in Hawaii or any other State in the U.S. Or U.S. territory **within the past 5 years?** YES NO
If "YES", provide a copy of license. If "NO", see Notice regarding Act 30 on page 3.

Note: All applications may be subject to Board review.

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that my exam scores will be released to my school of nursing unless I am a foreign graduate. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 457-12, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 457 and Hawaii Administrative Rules, Chapter 89.

_____ Date

_____ Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App.....433..... \$40 Center for Nursing.....CFN \$40
 Lic.....436..... \$20 ½ Ren430..... \$10
 CRF.....439..... \$35/70 Service ChargeBCF \$25