Colorado Division of Professions and Occupations
Office of Licensing—Nursing
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION FOR LICENSE BY ENDORSEMENT—REGISTERED NURSE

APPLICANT INSTRUCTIONS

If you have ever been permanently licensed as a registered nurse in Colorado, do not complete this form. You must apply for reinstatement.

Nurse Licensure Compact. The Nurse Licensure Compact became effective in Colorado on October 1, 2007, allowing nurses licensed in Colorado to practice in other compact states. A nurse may hold only one compact license and it must be issued by his/her state of primary residence. **If you declare your primary state of residence to be a compact state other than Colorado, you should not apply for licensure in Colorado and your application will be returned to you.** Upon issuance of a Colorado multistate license, your other compact state license(s) will expire. You may be required to provide proof of residency, which may include, but is not limited to, a Colorado driver's license, voter registration or income tax return. If you declare a non-compact state as your state of primary residence, and you meet all other requirements for licensure in Colorado, you will receive a single-state license valid for practice only in Colorado. For a list of states participating in the Compact or for additional information regarding the Compact visit: www.dora.colorado.gov/professions/nursing or https://www.ncsbn.org/nlc/htm.

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Registered Nurse in this state without a Colorado or other compact state license. Submission of this application does not guarantee licensure; therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-38-101, the Board's rules, and the Board's policies. These documents are available online at www.dora.colorado.gov/professions/nursing.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp.

Retired Volunteer Nurse Status. You may apply for license by endorsement as a Retired Volunteer Nurse if you are at least 55 years of age. You may not accept compensation for nursing tasks performed.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records. Failure to complete the application thoroughly or to submit all supporting documents will delay processing.

Application Expiration. Your application will be kept on file for one (1) year from the date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to submit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. The affidavit is available on our website at www.dora.colorado.gov/professions/nursing, or you may call (303) 894-7800 to request that one be mailed to you.

APPLICANT INSTRUCTIONS (Continued)

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

License Expiration Grace Period for New Applicants. Registered Nurse license expiration dates are September 30 of either odd-numbered years or even-numbered years, and are dependent upon the issuance date. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between June 1, 2012 and September 30, 2012 will reflect a license expiration date of September 30, 2014. Licenses issued prior to June 1, 2012 will reflect an expiration date of September 30, 2012 and must renew in the upcoming renewal period.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application and enter your information into our database before checking the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

Temporary Licenses. Qualified applicants may be eligible for a temporary license, issued for four months with no extension, if:

- ► You are actively licensed in another state or U.S. territory and evidence of licensure accompanies the application; and
- ► You have not committed any of the acts which would be grounds for discipline under C.R.S. 12-38-117 (Nurse Practice Act); and
- ► You do not respond "**YES**" to any of the screening questions contained in this application.

It is the applicant's responsibility to request a temporary license by completing the appropriate section of the application, and to complete the necessary steps for obtaining permanent licensure.

Advanced Practice and Prescriptive Authority.

- ► If you are an advanced practice nurse and want title protection and prescriptive authority in Colorado, you must submit separate applications after you are granted licensure.
- ► If you are an advanced practice nurse working in Colorado by authority of a multi-state license from a compact state, you must apply for advanced practice and prescriptive authority licensure in Colorado.
- ► Applications are available online at www.dora.colorado.gov/professions/nursing.

APPLICANT CHECKLIST

To apply for a Colorado **Registered Nurse** license by endorsement:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado***. All fees are **non-refundable** and subject to change every July 1.

☐ **Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.

☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

☐ **Provide verification of original license.** Contact the state in which you received your original license by examination. Determine which type of verification is required and any required fees.

- For NURSYS participating states, you must apply for NURSYS verification at www.nursys.com. Visit the NURSYS website for a current list of participating states.

—OR—

- For NURSYS non-participating states, you must complete and submit a Request for Verification of Original Nursing License form (attached).

It is the applicant's responsibility to complete the necessary steps for obtaining verification of licensure status from the state of original licensure.

☐ **Submit evidence of an active registered nurse license in another state.** Submit a copy of your current license or a printout from the state's webpage verifying your license.

☐ **If you do not have an active nurse license in another state, your licenses have been expired two years or less, and you have practiced as a registered nurse within the two (2) year period preceding this application:** Submit verification from one state in which your license expiration date was less than two years ago.

☐ **If you do not have an active nurse license in another state, your licenses have been expired two years or more, and/or you have not practiced as a registered nurse within the two (2) year period preceding this application, you must demonstrate competency to practice and may be required to complete an approved refresher course:** Complete the Competency to Practice forms which can be downloaded at www.dora.colorado.gov/professions/nursing.

☐ **Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp. You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

Eligibility for licensure will be determined after the completed application and all supporting documentation have been received and reviewed.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Nursing
1560 Broadway, Suite 1350
Denver, CO 80202

Department of Regulatory Agencies

Lauren Larson
Director, Division of Professions and Occupations

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is "public protection through effective licensure and enforcement." One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division may ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Rather, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action in addressing your license application. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be complete and accurate in disclosing information on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the appropriate licensure questions. **Failure to fully and accurately disclose requested criminal history information, alone, could constitute grounds for denial of your application or revocation of your license.** When requested, you must include information regarding prior conduct. This remains the case when the conduct is seemingly unrelated to the activities of a profession, and when the conduct involves deferred sentences or judgments.

Remember, even following licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

Please be aware that the Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, your license will not necessarily be revoked, or your application denied, if you have been disciplined, arrested, charged or convicted. But, you will most likely be denied or revoked if you fail to disclose requested information.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
(if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. ☐ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
   a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
   b. ☐ I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Driver's license or permit				
☐ Government issued ID card				
☐ Valid U.S. military ID/common access card				
☐ Colorado Department of Corrections inmate ID				
☐ Tribal ID card				
☐ U.S. passport				
☐ Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Certificate of (U.S.) Citizenship				
☐ Valid Temporary Resident card				
☐ Valid I-94 issued by Canadian government				
☐ Valid I-94 with refugee/asylum stamp				

☐ Valid I-766 (Employment Authorization Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)

☐ Valid I-551 (Resident Alien or Permanent Resident Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)

☐ Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94

Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)

☐ Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa

Issuing foreign country: **Passport Number:**

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

_____
Print Full Legal Name

_____ _____
Signature (Full Name) Date

Division of Professions and Occupations
Office of Licensing–Nursing
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application for License by Endorsement
REGISTERED NURSE
Active Status Fee: $43
Retired Volunteer Nurse Status Fee: $20

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

License Status:

☐ Endorse with full **Active** status – Fee: **$43**

☐ Endorse with **Retired Volunteer Nurse** status – Fee: **$20**
(To be eligible for Retired Volunteer Status, you must be 55 years of age or older and you may not accept compensation for nursing tasks performed.)

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ *Male* ☐ *Female*	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail*		

PART 2—EDUCATION

Name of Professional Nursing Program Attended: (do not abbreviate)	
Location: (City & State or Country)	
Date of Graduation: (Month & Year)	**Type of Degree/Diploma Granted:** (example: BSN, ADN, etc.):
Is the program approved by a State Board of Nursing? ☐ YES ☐ NO ► If **YES,** name of Board and State:	

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY		
	LICENSE NUMBER: _____	**DATE ISSUED:** _____
	TEMPORARY PERMIT #: _____	**DATE ISSUED:** _____

APPLICANT NAME: _____

PART 3—LICENSE INFORMATION

A. Original RN License

State	Date of exam (mm/yyyy)	Type of exam (i.e., NCLEX, State exam)	Disciplinary action against license?	Is this license current/active?	Have you practiced on this license in the past 2 years?
			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

B. List ALL other health care licenses you have held in any state or any other country (if needed, attach an additional sheet in the same format). **If not applicable, enter N/A.**

Type of license	State/Country	License Number	Year license Issued	Disciplinary action against license?	Is this license current/active?	Have you practiced on this license in the past 2 years?
				☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

C. Have you practiced on any of your Registered Nurse licenses or taken the RN NCLEX within the past two years? (Check **one** box)

☐ **YES**. I have practiced on at least one of my Registered Nurse Licenses within the past two years.

☐ **YES**. I have taken the RN NCLEX within the past two years.

☐ **NO**. You must complete the Competency to Practice forms and complete an approved refresher course. Forms can be downloaded at www.dora.colorado.gov/professions/nursing.

D. If you do not have an active license in another state, have all of your licenses been expired two years or more? (Check **one** box)

☐ **N/A**. I have an active license in another state as listed above and/or I have taken the RN NCLEX within the past two years.

☐ **NO**. Submit verification from one state in which your license expiration date was less than two years ago.

☐ **YES**. You must complete the Competency to Practice forms and complete an approved refresher course. Forms can be downloaded at www.dora.colorado.gov/professions/nursing.

E. Have you ever applied for any type of Colorado health care license prior to this application? ☐ YES ☐ NO

► If **YES**, provide application type(s) and license information if applicable (if needed, attach an additional sheet in the same format).

Application Type	License Number	Month and year license issued

PART 4—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? ☐ YES ☐ NO

➢ If **YES**, provide information below:

Branch:	Duty Station:

2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ☐ YES ☐ NO

➢ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.

APPLICANT NAME: _____

PART 5—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome

You may be required to provide the following:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1.	Has any nursing or other health care license held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation in any state other than Colorado or in any territory of the United States?	☐ YES	☐ NO
2.	Are you under investigation or is a disciplinary action pending against your nursing license or other health care license in any state or territory of the United States?	☐ YES	☐ NO
3.	Have you received notification from the Department of Health and Human Services, Office of the Inspector General, that you have been excluded from participation in Medicare, Medicaid or any federal health care programs?	☐ YES	☐ NO
4.	Have you ever been convicted, entered a plea of guilty, nolo contendere, or no contest for any felony, misdemeanor or petty offense?	☐ YES	☐ NO
5.	Have you ever been convicted, pled no contest/*nolo contendere*, or had a court accept a plea to a criminal motor vehicle offense of DUI/DWI/DWAI/OWI or any traffic offense involving drugs or alcohol?	☐ YES	☐ NO
6.	Has any final judgment, settlement or arbitration award for malpractice been paid by you or on your behalf?	☐ YES	☐ NO
7.	In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a professional nurse safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?	☐ YES	☐ NO
8.	Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a professional nurse safely and competently?	☐ YES	☐ NO
9.	Have you been terminated or permitted to resign in lieu of termination from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects?	☐ YES	☐ NO
10.	Have you been arrested for an alcohol or drug-related offense other than stated in question No. 5?	☐ YES	☐ NO

PART 6—TEMPORARY LICENSE REQUEST

I am requesting a temporary license to allow practice until my permanent license is issued. ☐ **YES** ☐ **NO**

Temporary Registered Nurse licenses are valid for four (4) months from the date of issue and will not be renewed or extended.

PART 7—DECLARATION OF PRIMARY STATE OF RESIDENCE

"Primary State of Residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested will include but is not limited to:

a. Driver's license with a home address;
b. Voter registration card displaying a home address;
c. Federal income tax return declaring the primary state of residence;
d. Military Form no. 2058 - state of legal residence certificate; or
e. W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.
(Statutory basis: Articles 2E, 4C, and 4D)

Based on the information above, I declare that the state of _____ is my legal primary state of residence.

_____ **My primary state of residence is currently in another compact state and I am in the process of moving to Colorado.** I understand that in order to complete the licensure process, I must provide proof of Colorado residency and a physical address after establishing Colorado residency.

Primary Residence Physical Address: (PO Boxes are not accepted)	**Street:** **City, State, Zip:**

PART 8—DECLARATION OF STATE(S) OF CURRENT PRACTICE

Upon licensure in Colorado, I may practice in the state(s) of:

Colorado (strike through if not applicable) _____ _____

_____ _____

_____ _____

Attach additional sheets if necessary.

☐ I will practice exclusively at a government / military facility and am requesting a Colorado single-state license.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature **Date**

USE THIS FORM IF YOUR STATE OF ORIGINAL LICENSURE IS NOT LISTED WITH NCSBN/NURSYS

For a list of NURSYS participating states, please see www.nursys.com.

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REQUEST FOR VERIFICATION OF ORIGINAL NURSING LICENSE

You are responsible for ensuring your original state of licensure sends verification to the Colorado Office of Licensing.
You are also responsible for ensuring its receipt by the Colorado Office of Licensing.

PART 1: To be completed by the APPLICANT and forwarded to original state of licensure with fee determined by that state.

Last Name First Middle

Previous Name(s)

Mailing Address (PO Box, Street, City, State, & ZIP)

Social Security Number Date of Birth

Originally licensed under the name of Year of License Original license number

I hereby authorize all Boards of Nursing to release my license data to the Colorado Board of Nursing.

Applicant Signature Date

PART 2: To be completed by the LICENSING BOARD of original state of licensure and sent to the Colorado Office of Licensing.

	State Board Exam RN	NCLEX RN
Score		
Series/Form		

Original License/Registration Number Date Issued License Expiration Date

Has any disciplinary action EVER been taken against this license? ☐ YES ☐ NO

► If **YES**, send certified copies of all disciplinary actions.

Is license now in good standing? ☐ YES ☐ NO

► If **NO**, attach documentation.

Signature Title

(Board Seal)

Board of Nursing / State Date