



### Section 3. Eligibility Screening Questions

(If you answer "Yes" to any of Questions 1 through 6 below, you must attach a written explanation.)

Yes <input type="radio"/>	No <input type="radio"/>	<p>1. Since your previous Nevada license/certificate was issued/renewed, has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration):</p> <ul style="list-style-type: none"><li>a. Been denied or disciplined by a regulatory Board including but not limited to reprimanded, censured, fined, suspended, revoked, surrendered, limited or restricted, or placed on probation or monitoring?</li><li>b. Been subject to a non-disciplinary probation or monitoring program? AND/OR</li><li>c. Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction?</li></ul> <p><i>If any answer is Yes, you must submit the following:</i></p> <ul style="list-style-type: none"><li>1. A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and</li><li>2. Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.</li></ul>
Yes <input type="radio"/>	No <input type="radio"/>	<p>2. Since your previous Nevada license/certificate was issued/renewed, have you had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p><i>If the answer is Yes, you must submit the following:</i></p> <ul style="list-style-type: none"><li>1. A detailed letter of explanation including the events leading to your conviction; and</li><li>2. Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole or Probation Officer, etc.).</li></ul>
Yes <input type="radio"/>	No <input type="radio"/>	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ul style="list-style-type: none"><li>1. A letter of explanation that addresses the impairment or limitations of practice; and</li><li>2. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</li></ul>
Yes <input type="radio"/>	No <input type="radio"/>	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ul style="list-style-type: none"><li>1. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan;</li><li>2. Documentation from knowledgeable individual(s) documenting your length of sobriety; and</li><li>3. Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).</li></ul>
Yes <input type="radio"/>	No <input type="radio"/>	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ul style="list-style-type: none"><li>1. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and</li><li>2. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.</li></ul>
Yes <input type="radio"/>	No <input type="radio"/>	<p>6. Since your previous Nevada license/certificate was issued/renewed have you had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ul style="list-style-type: none"><li>1. A detailed letter of explanation regarding the events leading to the suit; and</li><li>2. A copy of the complaint and current status of the case.</li></ul>

#### Section 4. For APRN Renewal Only

Yes <input type="radio"/>	No <input type="radio"/>	I wish to place my APRN license on inactive status. NO FEE REQUIRED. <i>If yes, do not complete the rest of this section. If no, please complete the rest of this section.</i>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that during the previous five years, I have worked 1,000 hours in my area of specialization.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that within the renewal period, I have completed 15 contact hours of CE related to my specialty.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that within the previous 4 years, I have completed 2 contact hours of CE on evidence-based suicide prevention and awareness. <i>(These hours may be included in the 15 contact hours related to your specialty)</i>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I currently have dispensing privileges.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm I have completed at least 2 hours of training related specifically to the misuse and abuse of controlled substances. <i>(Only for applicants with dispensing privileges; these hours may be included in the 15 contact hours related to your specialty)</i>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I currently hold national certification. <i>If yes, you must submit a copy of your current national certification to the Board of Nursing within 30 days of the date of this application.</i>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I currently have prescribing privileges. <i>If yes, you must submit a copy of your current DEA certificate to the Board of Nursing within 30 days of the date of this application.</i>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I currently have Schedule II prescribing privileges.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I am enrolled in Nevada's Prescription Monitoring Program. <i>This is a requirement for APRNs with Schedule II prescribing privileges only.</i>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I have practiced as an APRN for less than two years or 2,000 hours.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I have a written protocol with a collaborating physician to prescribe schedule II controlled substances. <i>This is a requirement for APRNs that have practiced less than two year or 2,000 hours. If yes, you must submit a copy of your current protocol to the Board of Nursing within 30 days of the date of this application</i>

My current practice site is, Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

My collaborating physician, if applicable, is (Name): \_\_\_\_\_ (License #) \_\_\_\_\_  
 Collaborator's specialty \_\_\_\_\_ Date collaboration commenced \_\_\_\_\_

#### Section 5. For CRNA Renewal Only

Yes <input type="radio"/>	No <input type="radio"/>	I wish to place my CRNA certificate on inactive status NO FEE REQUIRED. <i>If you marked yes, do not complete the rest of this section. If you marked no, please complete the rest of this section.</i>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I am in compliance with the continuing education requirements of NAC 632.540.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) am currently nationally certified as a nurse anesthetist from AANA or NBCRNA. <i>If yes, you must submit a copy of your current national certification to the Board of Nursing within 30 days of the date of this application.</i>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I have practiced as a CRNA during the previous two years.

#### Section 6. For EMS/RN Renewal Only

Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I am currently certified in advanced life support procedures for adult patients.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I am currently certified in advanced life support procedures for pediatric patients.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I am currently certified in advanced life support procedures for patients with trauma that are administered before arrival of those patients at a hospital in a program that is approved by the Board.

## Section 7. Military Status

Yes <input type="radio"/>	No <input type="radio"/>	I am an active United States military member or a United States military veteran
Yes <input type="radio"/>	No <input type="radio"/>	I am the spouse of an active United States military member or surviving spouse of a veteran.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?"
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?"
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?"

## Affirmation. All Applicants Must Complete

I affirm (swear) that I have read this application and the statements made are true and correct. *If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Fingerprinting is required every third renewal. If you are required to fingerprint you will be issued a 6 month renewal to allow you to complete the fingerprinting process. Due to various factors, it may take up to four months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI; therefore, you are encouraged to fingerprint immediately.***

Fees		You may pay by credit/debit card (Visa, MasterCard, Discover, American Express), personal or cashier's check, or money order, made payable to the Nevada State Board of Nursing or <b>NSBN</b> . Remit US funds only.
RN	\$100.00	
LPN	\$100.00	
Late Fee	\$100.00	
APRN	\$200.00	
CRNA	\$200.00	
RN+APRN	\$300.00	
RN+CRNA	\$300.00	

### If paying by credit card, please complete

Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_ Amount \$ \_\_\_\_\_