Dear Applicant for Nursing Licensure in New Mexico,

Thank you for applying for licensure as a nurse in New Mexico. The information in this packet is designed to provide you with the necessary information needed to process your application in a timely manner. Your assistance in providing all required information will enable the board staff to process your application.

Note:
- For International Graduates; your evaluation and English results should arrive to the board before you submit the Examination Application to the New Mexico Board of Nursing and the Criminal Background Check paperwork to 3M Cogent. It is recommended that you request copies of the evaluation and English results to compare for the New Mexico Board requirements that are listed on page 2 of this application.

- Read instructions fully and completely before sending in the application. Checklists are provided to ensure that all items have been addressed in your application. Please be sure all items on the checklist are completed. All required fees must be submitted and your application must be completed in its entirety before the application can be processed. You should keep a copy of the application and all other materials sent to the board office for your personal records.

When the application arrives to the Board it will be reviewed for completion. An incomplete application & fees will be returned to the applicant at the address provided. After review of a complete application the fees will be deposited and the process will begin. U.S. students need to be aware that receipt of transcripts may take some time in arriving to the board office.

If you need to communicate with the board staff, you will find the contact information available on our website (http://www.bon.state.nm.us) under Directory at the top of the home page, listed under “Licensure”. Our office hours are: Monday – Friday; 8:00 am – 5:00 pm Mountain Time. We are closed on holidays.

Procedures for licensure in NM have been streamlined to expedite the processing of applications. We welcome your comments on how services can be improved.
APPLICANTS EDUCATED IN NON-U.S. NURSING PROGRAMS

Graduates from non-U.S. programs must submit proof of nursing education that is equivalent to an approved program of nursing in the U.S. The board does not evaluate transcripts. You must have an evaluation of educational credentials conducted by a qualified credentials evaluator.

- You must request the nursing or health care profession and science course-by-course credentials review. You are responsible for all fees charged by these services.
- Your original educational documents must be sent from your nursing education programs to the credentialing agency.
- The evaluation of educational credentials must be sent to the New Mexico Board of Nursing directly from the credentialing agency.

One of these agencies may be used to request a course-by-course credentials review:

Educational Records Evaluation Service Inc
601 University Avenue Suite 127
Sacramento, CA 95825-6738 USA
Phone: (916)921-0790 or 866-411-3737
866-411-ERES (Toll Free)
Fax: (916)921-0793
Email: edu@eres.com
Web: www.eres.com

International Education Research Foundation Inc
Post Office Box 3665
Culver City, CA 90231-3665 USA
Phone: (310) 258-9451
FAX: (310) 342-7086
Email: information@ierf.org
Web: www.ierf.org

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, Florida 33173 USA
Phone (305) 273-1616
Fax: (305) 273-1338
Email: info@jsilny.com
Web: www.jsilny.com

Commission on Graduates of Foreign Nursing Schools
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 USA
Phone: (215) 349-8767
Fax: (215) 662-0425
Email: info@cgfns.org
Web: www.cgfns.org
Automated Phone System: (215)599-6200

You must provide Verification of English Competency with your application. This requirement may be met in one of the following ways:

- Completion of a nursing program given in English in another country;
- A passing score of a nursing licensure examination which is given in English; or
- A minimum score of 540 (207 on computerized version) on the Test of English as a Foreign Language (TOEFL), or TOEFL internet-based test (TOEFL iBT) minimal passing standard of 84 overall, with a minimum speaking score of 26, a minimum score of 725 on the Test of English for International Communication (TOEIC) or a minimum score of 6.5 overall with a 7.0 on spoken portion on the academic version of the International English Language Testing System (IELTS)

Validation of educational and language requirements must be received from the original source. Copies of certification, reports, and English language test results submitted by the applicant are not acceptable for validation of these requirements.
RN / LPN EXAMINATION APPLICATION INFORMATION (cont’d)

- Keep a copy of your completed application for your records.

- Do not submit your application for licensure by examination if you have not completed your nursing program. This will avoid processing delays caused by submission of a deficient application.

- Do not submit your application if you list another compact state as your primary residence. You must apply to take the examination in your primary state of residence if it is a compact state. A list of current compact states is available at www.ncsbn.org. Compact states are Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin. Applications will be returned unprocessed if your state of residence is one of these states.

- Applications are reviewed in the date order received. In order to provide ethical and efficient customer service we are unable to process applications out of the date order. If you move you must change your address with the Board of Nursing as mail is not forwarded.

- If your mailing address changes while application is being processed please notify the board immediately. We will not forward any mail returned to us with incorrect address.

- Read all application guidelines and the NM Board of Nursing rules before completing your application. You can review the laws and rules through the Board website www.bon.state.nm.us

- All sections must be completed in full. If an item is not applicable, indicate with N/A, non-applicable. N/A is not acceptable for Yes or No questions and could delay your application processing. Failure to submit a complete application will result in a delay of processing. If you provide false information the Board of Nursing may deny your application for licensure.

- NAME and/or ADDRESS changes must be submitted to the board office. Please indicate "Licensure by Examination Applicant" on all communications with the board office prior to issuance of a nursing license. Name changes require a copy of filed legal documents; certified as a true copy, i.e. marriage certificate, divorce decree or court order. Only a nurse's LEGAL name shall be used for licensure in NM.

APPLICATIONS BECOME NULL AND VOID ONE (1) YEAR AFTER BEING RECEIVED AT THE BOARD OFFICE.

**Eligibility Requirements**

- Completion of and eligible for graduation from a board approved course of study for the preparation of registered or practical nurses, or graduation from a program that is equivalent to an approved program of nursing in the U.S.

**For NM Nursing School Graduates Only**

- **CERTIFICATE OF ELIGIBILITY FOR GRADUATION OR FINAL TRANSCRIPT** with degree awarded must be received directly from the registrar’s office prior to permission to take NCLEX (National Council Licensure Examination).

- Graduates from non-U.S. programs must submit proof of nursing education that is equivalent to an approved program of nursing in the U.S. The board does not evaluate transcripts. You must have an evaluation of educational credentials conducted by a qualified credentials evaluator. See additional information provided on page 2.
Eligibility Requirements (cont’d)

- Graduates from non-U.S. Programs must provide proof of English competency. See additional information provided on page 2.

- Criminal Background Check
  - If you have had a felony you must provide official legal court documentation with your application.
  - If the criminal background check reveals a felony or violation the applicant/licensee must submit legal court documentation and other related information to the Board. Copies are not accepted.

- Please use the following checklist to ensure your application is complete. Failure to attach any document or to have required documentation received by the Board prior to submitting applications will result in an incomplete application. Incomplete application will be returned. Faxed applications will not be accepted.

NCLEX Examination Information

- In addition to applying to the Board of Nursing, all applicants for examination must register with Pearson VUE.

- You may register by telephone (1-866-496-2539) or by Internet (http://www.pearsonvue.com/nclex) by using a valid credit card.

- Failure to register for the examination with Pearson VUE will delay issuance of your authorization to test.

- Authorization to Test (ATT) is issued by Pearson VUE. It is important that you read your verification/registration form to verify the following:
  - ATT dates for testing
  - Correct Spelling of Name
  - Correct Address
  - Correct email or contact information

- Upon Registration with Pearson VUE, it could take up to 4 weeks by mail to receive your ATT, or it may be sooner if you register with an email address.
RN / LPN EXAMINATION APPLICATION CHECKLIST

SECTION 1: CRIMINAL BACKGROUND HISTORY

FOR In-state Applicants ONLY
1. Additional information about the fingerprint card requirements is included on page 12 of this application.
2. Register online or by telephone 1-877-99NMAPS (1-877-996-6277).
3. Pay for your criminal background check ($44).
4. Choose a fingerprint location
5. Travel to chosen fingerprint location and pay for your criminal background check (if not already paid online) and any additional fees required by the fingerprint location.

FOR Out-of-State Applicants ONLY
1. See NM Applicant Processing Service Handout [http://www.cogentid.com](http://www.cogentid.com)
3. Register online or by telephone 1-877-99NMAPS (1-877-996-6277).
4. Payment ($44) may be made online at this time or sent with the fingerprint cards when completed.
5. Get fingerprinted.
6. Mail fingerprint cards to 3M Cogent.
7. Fingerprint cards (FD-258): You must submit the fingerprint cards with your application with correct FEE payable to 3M Cogent.

- **Application Fee:** You must submit the correct FEE with your application payable to the NM Board of Nursing.

- **IMPORTANT NOTICE:** APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROOF OF RESULTS OF REQUIRED STATE AND CRIMINAL BACKGROUND PROCESSING AND PAYMENT OF THE BACKGROUND CHECK PROCESSING FEE OF $44.00.

SECTION 2: PERSONAL INFORMATION

Applications will be processed with the complete name provided in this section. Be sure to use the same name and address on all documentation. Exam candidates must enter your name exactly as it appears on your picture identification that will be presented at the test center.

**Name Change Documentation:** To request a name change you must submit proper documentation. Acceptable forms of proper documentation are a copy of a marriage license, divorce decree that indicates the restoration of your maiden name, or a court order. We are unable to accept a driver’s license or social security card as proof of your name change.

SECTION 3: EDUCATION HISTORY

Complete all nursing education history. Information listed in this section must match with your Pearson VUE registration.

- Graduates from New Mexico State-Approved Programs should provide a CERTIFICATE OF ELIGIBILITY FOR GRADUATION OR FINAL TRANSCRIPT with degree awarded, indicating date of graduation and certificate or degree awarded. This must be received directly from the registrar’s office prior to permission to take the NCLEX.
• **APPLICANTS WHO HAVE GRADUATED FROM INTERNATIONAL SCHOOLS OF NURSING:** The Board of Nursing requires you to have your nursing education evaluated by a qualified credentialing agency. See additional information on page 2 for the list of Evaluation services that meet the New Mexico Board of Nursing requirements.

**SECTION 4: PERMIT TO PRACTICE**

Graduate nurses may request and may be approved for Graduate Nurse Permits. The examination application for licensure must be received at the Board of Nursing within twelve (12) weeks of graduation.

- The prospective employer must submit a letter of verification of intent to hire, on letterhead, indicating the institution name, and RN’s name and license number who will be responsible to assure that you practice under **Direct RN Supervision**.

- **Direct Supervision** is defined as “the person responsible for the direct supervision must be in the facility or on the unit with the graduate permit holder observing, directing and evaluating the performance of the permit holder; the supervisor must not be engaged in other activities that would prevent them from providing direct supervision”, per 16.12.2.7 NMAC.

- Permits to practice are issued directly to a New Mexico employer. You must sign your permit to practice prior to employment as a GN/GPN. Contact your employer for additional information. The permit to practice will be sent directly to the NM Employer, either through email or regular mail.

- Permits to practice will not be issued for applicants who declare residency in other compact states.

- A permit-to-practice is valid for six (6) months from the date of application or until examination results are issued by the NM Board.

- A permit is **VOID** if applicant fails the examination or fails to take the examination within 6 months after graduation.

- Allow at least **three (3) weeks** for processing a **permit to practice** from the receipt of a completed file. A completed file for a permit includes the exam application to the NM Board of Nursing; Certification of Eligibility of Nursing Program or official transcript; fingerprint cards; forms; fee and letter of intent to hire.

**SECTION 5: DISCIPLINE**

Failure to disclose criminal history or disciplinary action on your nursing license may result in delay of your application process.

Disciplinary questions require a YES or NO answer. If yes, you are required to provide certified copies to the NM Board of Nursing any legal documents and explain the charges.

**SECTION 6: DECLARATION OF PRIMARY STATE OF RESIDENCE:**

You must declare your primary state of residence. This is where you live and this is considered your fixed or permanent residence.

- If you live in one of the compact states, you must take the examination in that state. The compact states are: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin

- For an updated compact state list go to [www.ncsbn.org](http://www.ncsbn.org) and click on Compact State Licensure.
SECTION 7: APPLICANT SIGNATURE

The application must be signed by the applicant before submission. Failure to sign your application will result in your application being returned. Be sure the same name used on your application is the same on each document.

SECTION 8: SPECIAL ACCOMMODATIONS

License examination candidates with a disability as defined by the American with Disabilities Act who wish to request modifications in the security measures for the NCLEX – RN or the NCLEX – LPN should contact the Board of Nursing office for instruction in requesting testing accommodations. This should be done concurrently with the application for licensure to ensure that accommodations are received without delay.
# RN / LPN Exam Payment Form

## Legal Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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</thead>
</table>

Social Security # _______________  
NM Nursing License # ___________ (may be N/A)

### Select Only One Fee

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>$110.00</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>$110.00</td>
</tr>
</tbody>
</table>

FEES ARE NON-REFUNDABLE. Fees are accepted only in the form of:

- U.S. Money Order, Cashier's Check or Demand Draft drawn on U.S. banks and made payable to NM Board of Nursing.
- Credit Cards: MasterCard or Visa, or
- Cash (EXACT AMOUNT ONLY), **DO NOT MAIL CASH**.
- **PERSONAL CHECKS OR DEBIT CARDS ARE NOT ACCEPTED.**

## Payment Methods Accepted:

- Cashiers Check  
- Money Order  
- Demand Draft  
- Business Check  
- Credit Card (MasterCard or VISA only)

### Select Credit Card:

<table>
<thead>
<tr>
<th>Credit Card</th>
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<tbody>
<tr>
<td>MasterCard</td>
</tr>
<tr>
<td>Visa</td>
</tr>
</tbody>
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### Credit Card Number:

<table>
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<th>Number String</th>
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<tr>
<td>___________ -- ___________ -- ___________ -- ___________</td>
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### Expiration Date:

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
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<td>_____</td>
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<th>MM</th>
<th>YYYY</th>
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### Signature:

<table>
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<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>___________________________________</td>
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</tbody>
</table>

PAYMENT MUST BE ATTACHED TO THIS FORM (unless using credit cards).  
**ALL FEES ARE NONREFUNDABLE**
RN / LPN EXAMINATION APPLICATION

IMPORTANT NOTICES:

1. ALL FEES ARE NON REFUNDABLE

2. APPLICATIONS BECOME NULL AND VOID ONE (1) YEAR AFTER BEING RECEIVED AT THE BOARD OFFICE.

3. APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROOF OF RESULTS OF REQUIRED STATE AND CRIMINAL BACKGROUND CHECK AND PROCESSING FEE

Section 1
Please check one: $110.00 RN  $110.00 LPN

Section 2 - (Print Your Legal Name. This will be the name on your license.)

LEGAL NAME: _____________________________

MAILING ADDRESS: _____________________________
Street Number _______ Apt _______ City / /State _______ Zip + 4 _______ County/Country _______

Date of Birth (MM/DD/YYYY) _______ U.S. Social Security Number _______

Male _______ Female _______

Home Phone _______ Work Phone _______ Email Address _______

Have you at any other time applied for or held a RN/LPN license in NM?
No _______ Yes _______ License Number: _______ Date: _______

List ALL Full Name(s) Surname, First or Middle) including any abbreviations as appears on transcripts and/or other nursing licenses:
__________________________

Section 3

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>INSTITUTION NAME</th>
<th>CITY, STATE Or COUNTRY</th>
<th>DATE COMPLETED</th>
<th>DEGREE Type Granted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Nursing</td>
<td></td>
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</tbody>
</table>

SECONDARY EDUCATION COMPLETED: Check One:
1. Less than high school graduate
2. High School Graduate or GED
HIGHEST DEGREE HELD: **Check One:**

1. [ ] Associate Degree  
4. [ ] Baccalaureate in other field  
5. [ ] RN Diploma  
6. [ ] Baccalaureate in Nursing  
7. [ ] Masters in other field  
8. [ ] Masters in Nursing  
9. [ ] Doctorate in other field  
10. [ ] Doctorate in Nursing

Language:  
Primary Language: ___________________  
Secondary Language (If applicable): ___________________  
Ethnicity: _______________________  

BASIC NURSING EDUCATIONAL PREPARATION: **Check One:**

LPN:  
1. [ ] Completion of Practical Nursing Program  
2. [ ] Waiver/Experience  

RN:  
3. [ ] Diploma  
4. [ ] Associate Degree  
5. [ ] Baccalaureate or higher degree

Section 4 - Request for Graduate Permit to Practice: **VALID ONLY IN NEW MEXICO**

_____ I have requested my prospective employer to send a letter of intent to hire on their official letter head indicating the name and license number of my RN supervisor.

Section 5 – DISCIPLINE - **Each of the following questions requires a YES or NO answer**

*If YES to any of these questions, you must explain in full (attach separate pages) and submit copies of all legal documents.*

Has disciplinary action ever been taken against your nursing license?  
NO_____YES____

If YES, please indicate:  
DENIED___REVOKED___SUSPENDED___PROBATION___REPRIMAND___OTHER____

Is disciplinary action pending against a (any) nursing license in another state? Request the licensing board provide official documents to the NM Board of Nursing.  
NO_____YES_____ /State(s) ______________________ If YES, Give Date ______________________

Have you been convicted of a felony with or are you now charged with a felony in any state or federal court. Please include any felony charges that resulted in a guilty plea, nolo contendere plea or a deferred or suspended sentence. A felony is generally a criminal charge with potential punishment of at least one year in prison or jail. If in doubt, disclose the charge or conviction with a copy of all relevant legal documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing.  
NO_____YES_____ List State(s) ______________________ DATE __________________

Section 7: DECLARATION OF PRIMARY STATE OF RESIDENCE  
**THIS IS A MANDATORY REQUIREMENT FOR LICENSURE IN NEW MEXICO**

In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state (or country) of ______________________ is my primary state (or country) of residence and that such constitutes my permanent and principle home for legal purposes. ("Primary state of residence" is defined as the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.) Upon licensure in New Mexico, I intend to practice in the state(s) of ______________________.

Section 8

I hereby make application for a license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and have enclosed the fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representation made on this application.

LEGAL SIGNATURE ________________________ DATE _________________

**POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY** – The NM Board of Nursing does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Licensure exam candidates with a disability as defined by the Americans with Disabilities Act who wish to request modifications in the security measures for either NCLEX-RN or NCLEX-PN should contact the Board of Nursing office for instruction in requesting testing accommodations. This should be done concurrently with the application for licensure to ensure that accommodations are received without delay.
CERTIFICATION OF ELIGIBILITY FOR GRADUATION OF NURSING PROGRAM

- NM NURSING SCHOOL GRADUATES ONLY
- THIS FORM MUST BE RECEIVED IN THE NM BOARD OFFICE DIRECTLY FROM THE REGISTRAR’S OFFICE.

THIS IS TO CERTIFY THAT
________________________  Date of Birth ____________
NAME OF STUDENT (First, Middle, Last)

HAS COMPLETED ALL THE REQUIREMENTS FOR GRADUATION IN

REGISTERED OR PRACTICAL NURSING PROGRAM

FROM _____________________________________________
NAME OF SCHOOL

TYPE OF DEGREE/CERTIFICATE ________________________________

DATE DEGREE/CERTIFICATE AWARDED __________________________

REGISTRAR

DATE ____________________________

SCHOOL SEAL
The Nursing Practice Act 61-3-13 and 61-3-18 requires that applicants for initial licensure or endorsement, at their cost, provide the board with fingerprints and other information necessary for a state and national criminal background check. Your fingerprints will be submitted to 3M Cogent for a criminal history search resulting in the generation of a nationwide criminal history record for you.

The nationwide criminal history record includes information concerning a person’s arrests, indictments or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and correctional supervision, collected by criminal justice agencies and stored in the computerized data bases of the Federal Bureau of Investigation, the national law enforcement telecommunications systems, the Department of Public Safety or the repositories of criminal history information of other states.

Website: www.cogentid.com

For Registered Nurses:

ORI # is: NM920190Z

For Licensed Practical Nurses:

ORI # is: NM920269Z

In-state Applicants ONLY

1. Register online or by telephone 1-877-99NMAPS (1-877-996-6277).
2. Pay for your criminal background check ($44).
3. Choose a fingerprint location
4. Travel to chosen fingerprint location and pay for your criminal background check (if not already paid online) and any additional fees required by the fingerprint location.

Out-of-State Applicants ONLY

1. See NM Applicant Processing Service Handout http://www.cogentid.com
3. Register online or by telephone 1-877-99NMAPS (1-877-996-6277).
4. Payment ($44) may be made online at this time or sent with the fingerprint cards when completed.
5. Get fingerprinted.
6. Mail fingerprint cards to 3M Cogent.