Pre-Application Eligibility Determination Request Form

Personal Information	
Name:	Date of Birth (mm/dd/yyyy):
Social Security Number:	Mailing Address:
Email Address:	Phone Number:
Type of Licensure for Deter	mination (Select the type of licensure for which you are seeking determination)
□Registered Nurse (RN)	Advanced Practice Registered Nurse (APRN)
Criminal Baalanound Chao	k (Ontional)

Criminal Background Check (Optional)

You may elect to attach a criminal background check obtained from law enforcement.

Description of Conviction(s) Please provide a description of the conviction(s), including relevant factors such as the nature of the offense, specific duties required by the license, amount of time passed since the conviction(s), and evidence of rehabilitation or treatment undertaken.

Requestor's Signature

Date

By submitting this request, you certify that all the information and attachments submitted in this pre-application eligibility request is true and complete. You also acknowledge that submitting false information or omitting pertinent or material information in connection with this request may result in a determination that is incorrect and non-binding on the Louisiana State Board of Nursing.

Note: If you hold a current LSBN license, submitting a pre-application eligibility determination request for a different license may result in an investigation into your current license regarding the reported criminal conviction. The LSBN records all pre-application eligibility determinations in accordance with state law. A determination will be made within 45 days, and you will receive a decision letter by electronic mail notifying you whether your criminal offenses disqualify you from the licensure you selected for analysis.

Instructions for submitting your request: Email your completed *Pre-Application Eligibility Determination Request Form* along with any supporting documentation to: <u>PAED@lsbn.state.la.us</u> Be sure to add your first and last name in the subject line of your email.