



## APPLICATION TO DETERMINE ELIGIBILITY FOR A MULTISTATE NURSING LICENSE INSTRUCTIONS

For complete information on the requirements for a Multistate license, refer to our website at [www.arsbn.org](http://www.arsbn.org). Click on the Compact tab and review the Uniform Licensure Requirements.

The Uniform Licensure Requirements are:

- a. Meet Arkansas licensure requirements;
- b. Graduation from Board approved program;
- c. Valid United States Social Security Number;
- d. Passage of NCLEX®-RN or NCLEX-PN Examination or predecessor examination;
- e. Eligible for, or holds active, unencumbered license;
- f. Biometric (fingerprint based) state and federal criminal background checks (within past 12 months);
- g. No current discipline or participation in alternative program;
- h. No felony convictions; and
- i. No nursing related misdemeanor convictions.

Upload the completed **Multistate Nursing License Application** to your [Arkansas Nurse Portal](#) account. Use the Profile Updates category.

You must complete state and federal Criminal Background Checks if they have not been conducted within the last 12 months. The link to the Criminal Background Check system and instructions are located at [www.arsbn.org](http://www.arsbn.org). On the homepage, click on the blue box titled **Criminal Background Checks**. Print and follow the instructions.

# ARKANSAS STATE BOARD OF NURSING

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LITTLE ROCK, ARKANSAS 72204  
501.686.2700 • 501.686.2714 fax • www.arsbn.org

## APPLICATION TO DETERMINE ELIGIBILITY FOR A MULTISTATE NURSING LICENSE

If you have an active Arkansas single state RN or LPN license and Arkansas is your primary state of residence, you may apply for a Multistate License review to determine eligibility for a multistate license. Upload completed and signed application to your Arkansas Nurse Portal account. Follow instructions carefully. You must answer all questions. **Incomplete applications will be rejected.** Completion of this form does not guarantee multistate license status.

Full Name \_\_\_\_\_  
(MISS, MS., MRS., OR MR)    FIRST    MIDDLE    MAIDEN    LAST

Physical Address \_\_\_\_\_  
STREET    CITY    STATE    ZIP

Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_  
STREET/P.O.BOX    CITY    STATE    ZIP

Date of Birth \_\_\_\_\_  
MONTH    DAY    YEAR

Social Security Number \_\_\_\_\_ Telephone Number (    ) \_\_\_\_\_

### LICENSURE

Arkansas Nursing License Number(s) \_\_\_\_\_

Have you ever taken the National Council Licensure Examination (NCLEX-RN® or PN) or the State Board Test Pool Examination (SBTPE)?  
YES    NO

Have you ever been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction? (With the exception of DWI, traffic violations do not constitute a crime.)    YES    NO

*(If yes, include a certified copy of the court document, plea agreement, or conviction papers and evidence that fines, restitutions are paid.)*

Have you ever had any license, certificate, or privilege to practice disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?    YES    NO

*(If yes, include copy of Facts and Finding from Board and evidence of reinstatement of license.)*

Are you currently under investigation in any state or jurisdiction or has your license been disciplined by any state?  
YES    NO    *If yes, what state(s)?*

Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a nurse?    YES    NO

In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation?    YES    NO

*(If yes, submit all relevant documents, such as rehab program completion, support group meetings, drug screens, etc.)*

Are you currently participating in a state board/designee monitoring program, including an alternative to discipline program, diversion, and/or a peer assistance program?    YES    NO

*Your primary state of residence is your declared fixed, permanent and principal home for legal purposes.*

What is your primary state of residence? \_\_\_\_\_

**Upload a copy of your driver's license showing this state as your legal residence.** You may be required to submit additional documentation including, but not limited to, a voter registration card, federal tax return (first page only), military form 2058 or a Form W-2 showing your primary state of residence.

I affirm that I understand the instructions, terms and conditions as set forth in this application, that I am the person referred to and I have personally completed this application, and that it is true, correct, and complete to the best of my knowledge. Further I understand that by submitting this application it constitutes agreement with the Attestation Statement

Signature \_\_\_\_\_

Date \_\_\_\_\_