

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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1400 E. Washington Avenue
Madison, WI 53703

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Website: <http://dps.wi.gov>

INFORMATION FOR COMPLETING LICENSED PRACTICAL NURSE ENDORSEMENT APPLICATION

Have you ever been licensed in Wisconsin as a Licensed Practical Nurse? If yes, **do not** complete this application. If your LPN license has been expired for less than 5 years, please call the Renewal Office at (608) 266-0627. If your LPN license has been expired for 5 or more years, you will need to submit a re-registration application (Form #2461).

Nurse Refresher Course: An applicant for endorsement who has not been employed in a position that requires a licensed practical nursing license within 5 years of application should check the box for a limited license on Form #2461 for a **limited license** to enable the applicant to complete a **licensed practical nurse refresher course**. Upon successful completion of the refresher course, the license holder may petition the board for full license. **The licensed practical nurse refresher course option does not apply to applicants who did not graduate from a board-approved nursing school and are required to verify 2 years of full-time or equivalent practice within the past five years.**

REQUIREMENTS FOR ENDORSEMENT

An applicant is eligible for licensure **by endorsement** if the applicant has graduated or completed a board-approved school of practical nursing; has passed NCLEX or a state board test pool examination for licensed practical nurses; holds a current L.P.N. license in another State or U.S. Territory or province of Canada on which no disciplinary action has been taken; has not been terminated from employment related to nursing for reasons of negligence or incompetence; and does not have an arrest or conviction record subject to the Fair Employment Act. (See attached Convictions and Pending Charges Form #2252.)

An applicant who has **not** graduated from a **board-approved school of practical nursing*** (foreign nursing education) may become licensed in Wisconsin provided the applicant meets all of the following:

- has graduated from a school of practical nursing in a foreign country or from a school in this country which is not board-approved.
- has passed the licensure examination in a foreign country, if originally licensed in a foreign country;
- has passed the national council licensure examination (NCLEX) for registered nurses or the state board test pool examination for practical nurses or other examination approved by the board;
- verifies at least 2 years of full-time or equivalent practice as a registered nurse within the last 5 years;
- verifies competency in the English language;
- has a license against which no disciplinary action has been taken in any of the states, territories, provinces or countries in which the applicant has held a license;
- has not been terminated from any employment related to nursing in another state, territory, province or country for reasons of negligence or incompetence.
- if originally licensed in another state, U.S. territory or province, proves that the requirements for licensure in that state, territory or province were substantially equivalent to the requirements for licensure in this state at the time of original licensure;
- subject to ss. 111.321, 111.322 and 111.335, Stats., does not have an arrest or conviction record.

***A board-approved school of nursing means an institution which has a school, college, program or department of nursing which meets the standards of the board or holds accreditation by a board-recognized nursing accreditation agency.**

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INSTRUCTIONS FOR COMPLETING THE APPLICATION

- 1. Application (Form #2224):** Complete the enclosed application and attach the appropriate fee. Make check payable to “Department of Safety and Professional Services”. Mail to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. See page 2 of Form #2224 for other required documents.
- 2. Statement of Graduation or Completion (Form #259) (“Board-approved school” U.S. or U.S. territory):** Complete and forward to your board-approved school of nursing. This form must be returned directly by the school to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. ***Forms received from the applicant will be rejected by the board.*** Official transcripts are not required as transcripts do not contain the information we require. If the school you graduated or completed from is closed, contact the Department of Public Instruction in the state where you graduated or completed to determine where the records for the closed school were transferred.
- 3. Verification of Licensure :** We require verification of your LPN license from every state you have ever held a license in whether active or inactive.
 - To obtain verification from another state board, you **must first** view the NURSYS web site at (www.nursys.com) to see if your verification can be processed through NURSYS. Please follow their instructions for online processing.
 - If the state in which you **currently have or ever held** a license as a licensed practical nurse **is not** one of the participating states which uses the NURSYS program, complete the enclosed form #741 (this form may be copied). You must first contact each state board prior to forwarding this form to see if a fee is required for this service. The state(s) you are requesting verification from must return this completed form directly to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. **Verifications received from the applicant will be rejected by the Board.**
- 4. Temporary Permit (Form #2433) (optional):** An applicant for L.P.N. licensure who meets the requirements for licensure by endorsement, may be eligible for a temporary permit upon submission of a completed application, supporting documents, credential fee, temporary fee, proof of graduation from a board-approved school of practical nursing, and a copy of their current LPN license. A licensed practical nurse licensed in another state who holds a valid Wisconsin temporary permit may use the title “Licensed Practical Nurse” or “L.P.N.” and function without limitations. A temporary permit is good for a period of 90 days and is non-renewable and non-refundable.

In addition to the completed LPN endorsement application (Form #2224) and fee, complete the top portion of Form #2433 and return to the board with additional \$10.00 temporary permit fee.

You may not practice as a Licensed Practical Nurse in Wisconsin unless you have either a permanent license or a temporary permit.

FOREIGN GRADUATES (including Canada)

Statement of Foreign Nursing Education (Form #1006): Complete and forward to your school of nursing. The school must return Form #1006 directly to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. **Forms received from the applicant will be rejected by the board.**

CREDENTIALS EVALUATION SERVICE (CES) REPORT REQUIRED (Foreign graduates only):

You must take the HealthCare Profession and Science Course-by-Course version of CES. Contact the “Commission of Foreign Nursing Schools” at 3600 Market St., Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767 to request a valid CES report to be sent directly to the Board of Nursing, P.O. Box 8935, Madison, WI 53708-8935. Reports received from the applicant will be rejected by the board. **EXEMPTION:** If you have graduated from or completed the nursing education program of an English speaking school in Canada you are exempt

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TOEFL Report Required (Foreign graduates only): Contact the “Test of English as a Foreign Language” at P.O. Box 6151, Princeton, NJ 08541-6151 to request a copy of test result scores be sent directly to the Board of Nursing, P.O. Box 8935, Madison, WI 53708-8935. **Certificates received from the applicant will be rejected by the board.**

AMERICANS WITH DISABILITIES ACT

The department complies with the Americans With Disabilities Act of 1990. The department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

REQUESTS FOR EXAMINATION MODIFICATIONS FOR PERSONS WITH DISABILITIES

Candidates must indicate at the time of application to the department that modifications are being requested. Requests must include a specific description by the candidate of requested modifications, a letter of diagnosis of specific disability from a qualified professional, and a letter from the nursing education program indicating what modifications were granted by the program. Request forms are available at (608) 266-2852 or TTY at (608) 267-2416.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

MAILING INSTRUCTIONS

Mail the application, the appropriate fee, and supporting documentation to the following address:

U.S. Postal Service:

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
BOARD OF NURSING
PO BOX 8935
MADISON WI 53708-8935

Expedited Delivery Services:
(i.e. Fed Ex, UPS, etc.)

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
BOARD OF NURSING
1400 E. WASHINGTON AVENUE
MADISON WI 53703