

## **APPLICATION FOR PRACTICAL NURSE SPECIAL PERMIT**

### **APPLICANT INSTRUCTIONS**

**Basic Requirements.** Requirements for receiving a Special Permit to practice in the State of Colorado are outlined in the Colorado Revised Statutes, specifically 12-38-115, and Chapter I of the Board's rules. Documentation can be found online at [www.dora.state.co.us/nursing/index.htm](http://www.dora.state.co.us/nursing/index.htm).

The Board may issue a permit to practice as a practical nurse for a period not to exceed two (2) years (or as determined by the Board), to any person from another state or territory of the United States or a foreign country who is in this state for special training or for observation of nursing educational programs, under the following circumstances:

Special Permits. For occasional nursing practice which is **patient- or procedure-specific**.

- ▶ You must hold an active and unrestricted license in another state or territory of the United States.
- ▶ Nurses with established or regularly used healthcare agency connections in this state for the provision of such services will be required to possess a Colorado nursing license.
- ▶ The nursing practice permitted by such permit shall be limited to that practice performed as part of the special training or nursing educational program.
- ▶ Information about the practice must be documented in a letter from a healthcare agency, including purpose of training with the beginning and ending dates.

Permits are not valid for permanent employment as a Licensed Practical Nurse. The permit is valid only to authorize the practice of nursing as outlined above and within the timeframe documented on the permit.

Note: Nurses possessing an active, unencumbered, and unrestricted license in a state that is party to the nurse licensure compact pursuant to C.R.S. 24-80-3201 are not required to obtain a special practice permit for occasional nursing practice in Colorado.

**About the Application.** This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and specified supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Be sure to keep a copy of the completed application for your records.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. The affidavit is available on our website at [www.dora.state.co.us/registrations/SSNAffidavit.pdf](http://www.dora.state.co.us/registrations/SSNAffidavit.pdf), or you may call (303) 894-7800 to request that one be mailed to you.

**Disclosure of Addresses.** Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your addresses, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at [www.doradls.state.co.us](http://www.doradls.state.co.us).

## APPLICANT CHECKLIST

### To apply for an LPN Special Permit:

- Submit a completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
  - Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
  - Complete the Affidavit of Eligibility form (attached).** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
  - Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
  - Submit a copy or screen print of a current Licensed Practical Nurse license in another state.**
  - Provide verification of original license.** Contact the state in which you received your original license by examination. Determine which type of verification is required and any required fees.
    - For NURSYS participating states, you must apply for NURSYS Verification at [www.nursys.com](http://www.nursys.com). Visit the [NURSYS website](http://www.nursys.com) for a current list of participating states.
- OR**
- For NURSYS non-participating states, you must complete and submit a Request for Verification of Original Nursing License form (attached).
- Submit a letter from the agency or institution requiring your services.** The letter must include information about the purpose of the assignment, as well as beginning and ending dates of the assignment.

### Return your completed application packet and all supporting documentation to:

Division of Registrations  
**Office of Licensing—Nursing**  
1560 Broadway, Suite 1350  
Denver, CO 80202



## IMPORTANT NOTICE

**TO:** All Applicants

**FROM:** Rosemary McCool, Director, Division of Registrations

**SUBJECT:** Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

*\*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



**Colorado Department of Regulatory Agencies**  
 Division of Registrations  
 1560 Broadway, Suite 1350  
 Denver, CO 80202

**Licensee/Applicant Full Legal Name**

Last	First	Middle	Suffix

**Colorado Professional or Occupational License/Certification/Registration Number:** \_\_\_\_\_  
 (if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** \_\_\_\_\_

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure\* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

*\*The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

**Section A: LAWFUL PRESENCE in the United States**

1.  I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2.  I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3.  I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
  - a.  I am a U.S. citizen, not physically present or employed in the United States.
  - b.  I am a Foreign National, not physically present or employed in the United States.

**Section B: SECURE AND VERIFIABLE DOCUMENTS**  
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

**Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)**

<b>Government Issued Identification</b>	<b>Name of state agency or federal agency that issued the document</b>	<b>Full name as shown on driver's license or state/federal issued ID</b>	<b>License/ID Number</b>	<b>Expiration Date (mm/dd/yyyy)</b>	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Card Number</b>	<b>Valid from (mm/dd/yyyy)</b>	<b>Expires (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Country of birth</b>	<b>Card expires (mm/dd/yyyy)</b>	<b>Resident since (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
<b>Issuing foreign country</b>	<b>Passport Number</b>	<b>Visa Number</b>	<b>Visa Class (ex.: J-1, P-1, H-1B, etc.)</b>	<b>Date of entry (mm/dd/yyyy)</b>	<b>Until date (mm/dd/yyyy)</b>
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
<b>Issuing foreign country:</b>			<b>Passport Number:</b>		

**Section C: ATTESTATION**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

**PART 1—APPLICANT INFORMATION**

<b>Name:</b> Last:		First:	Middle:	Suffix:
<b>Previous Name(s):</b>				
<b>Social Security Number: *</b>		<b>Date of Birth</b> (mm/dd/yyyy):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Place of Birth</b> (city and state, or foreign country):				
<b>Mailing Address:</b> <i>This is a</i> <input type="checkbox"/> Home <input type="checkbox"/> Business		PO Box, Street:  City, State, Zip:		
<b>Daytime Telephone Number:</b> (     )			<b>E-mail Address:</b> <i>Preferred method for communication:</i> <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

**PART 2—LICENSE INFORMATION**

<b>State of first issue of PN license by examination:</b>			<b>Year license issued:</b>		
<b>List ALL states in which you are or have ever been licensed as a Practical Nurse, or other health care provider, including the nurse license information from the field above (if needed, attach an additional sheet in the same format). <u>If not applicable, enter N/A.</u></b>					
Type of license	State/Country	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you ever been denied nursing or other healthcare licensure in Colorado or any other state?</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ If YES, attach a signed and dated explanation.					

\*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

**OFFICE USE ONLY**    **PERMIT NUMBER:** \_\_\_\_\_    **DATE ISSUED:** \_\_\_\_\_    **EXPIRES:** \_\_\_\_\_

**PART 3—ASSIGNMENT INFORMATION**

Name of agency/institution where the patient- or procedure-specific assignment will take place:

Agency Name: \_\_\_\_\_

Location: \_\_\_\_\_

Explain the purpose of the Special Permit you are requesting: \_\_\_\_\_

Assignment Dates From (mm/dd/yyyy): \_\_\_\_\_

To (mm/dd/yyyy): \_\_\_\_\_

**PART 4—SCREENING QUESTIONS**

**You must provide the following for each “YES” response to the screening questions below:**

- On a separate sheet, provide an explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome

**You may be required to provide the following:**

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

- |   |  |
|---|--|
| 1. Has any nursing or other health care license held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation in any state other than Colorado or in any territory of the United States?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are you under investigation or is a disciplinary action pending against your nursing license or other health care license in any state or territory of the United States?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you received notification from the Department of Health and Human Services, Office of the Inspector General, that you have been excluded from participation in Medicare, Medicaid or any federal health care programs?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever been convicted, entered a plea of guilty, nolo contendere, or no contest for any felony, misdemeanor or petty offense?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you ever been convicted, pled no contest/nolo contendere, or had a court accept a plea to a criminal motor vehicle offense of DUI/DWI/DWAI/OWI or any traffic offense involving drugs or alcohol?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Has any final judgment, settlement or arbitration award for malpractice been paid by you or on your behalf?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a practical nurse safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a practical nurse safely and competently? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**PART 4—SCREENING QUESTIONS (Continued)**

9. Have you been terminated or permitted to resign in lieu of termination from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects?  YES  NO
10. Have you been arrested for an alcohol or drug-related offense other than stated in question No. 5?  YES  NO

**ATTESTATION**

**I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.**

I understand that this permit only allows me to perform nursing care for the above-named assignment. I also attest that I have not established or regularly used healthcare agency connections in this state.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**USE THIS FORM IF YOUR STATE OF ORIGINAL LICENSURE IS NOT LISTED WITH NCSBN/NURSYS**

For a list of Nursys participating states, please see [www.nursys.com](http://www.nursys.com)

Colorado Division of Registrations  
**Office of Licensing—Nursing**  
 1560 Broadway, Suite 1350  
 Denver, CO 80202  
 Phone: (303) 894-7800  
 FAX: (303) 894-7693  
[www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations)

**REQUEST FOR VERIFICATION OF ORIGINAL NURSING LICENSE**

You are responsible for ensuring your original state of licensure sends verification to the Colorado Office of Licensing.  
 You are also responsible for ensuring its receipt by the Colorado Office of Licensing.

**PART 1: To be completed by the APPLICANT and forwarded to original state of licensure with fee determined by that state.**

Last Name	First	Middle
Previous Name(s)		
Mailing Address (PO Box, Street, City, State, & ZIP)		
Social Security Number	Date of Birth	
Originally licensed under the name of	Year of License	Original license number

**I hereby authorize all Boards of Nursing to release my license data to the Colorado Board of Nursing.**

Applicant Signature	Date
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**PART 2: To be completed by the LICENSING BOARD of original state of licensure and sent to the Colorado Office of Licensing.**

	State Board Exam	NCLEX
<b>Score</b>		
<b>Series/Form</b>		

Original License/Registration Number	Date Issued	License Expiration Date
Has any disciplinary action EVER been taken against this license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>▶ If YES, please send certified copies of all disciplinary actions.</b>		
Is license now in good standing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>▶ If NO, please attach documentation.</b>		

(Board Seal)

Signature	Title
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State Board of Nursing	Date
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