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Graduates of NYS approved nursing programs must complete this form and submit it with the appropriate licensure and registration fee (\$143) directly to the Office of the Professions at the address at the end of this form to apply for licensure in NYS. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. Your signature on this form must be notarized by a Notary Public.

1 Check what you are applying for:

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22

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4 Print Name

Last
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9 Name of nursing school and city where located: (Reminder: DO NOT use this form unless you graduated from a NYS approved nursing program)

Name as it appears on degree or other credentials (if different from item 4):

10 Have you previously applied for New York State licensure in any profession? ☐ Yes ☐ No

If "yes", in what profession(s)?

11 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? ☐ Yes ☐ No

12 Are criminal charges pending against you in any court? ☐ Yes ☐ No

13 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ☐ Yes ☐ No

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