



(041) Registered Nurse New Application Checklist

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General Information

Instructions:

1. Before completing the application package, read each step. This will aid you in accurately completing your application and eliminate any delay in processing.
2. If you are applying through the Acceptance of Examination method, please visit the Continental Testing website by [clicking here](#).
3. All documents in a foreign language must be accompanied by an original, notarized translation that has been transcribed by a person other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
4. Submit the appropriate security clearance documents in the form of a fingerprint background check.
5. Disclosure of your U.S. Social Security Number (SSN), if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. If you do not have a Social Security Number, you must submit the SSN affidavit. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any Tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.
6. You have three (3) years from the date your application is received by the Department or Continental Testing Service, Inc. to complete the application process. If the process is not completed in three (3) years, your application will be denied and the fee forfeited.
7. All application fees are non-refundable.

Qualifications/Exemptions:

Registered Nurse License

- If you are applying under the Endorsement method, you may be eligible for a Temporary Nursing Permit that will enable you to practice temporarily while your permanent license is pending. A completed endorsement application with all necessary supporting documents and payment of fees is required. Photocopies of all active nursing licenses and/or temporary licenses from other jurisdictions, and fingerprints that have been submitted to the Department are required.
- Any Registered Nurse applicants who received education outside of the United States, a credentials evaluation report of the applicant's foreign nursing education from either the Commission on Graduates of Foreign Nursing Schools (CGFNS), Credentials Evaluation Service (CES), or the Educational Record Evaluation Service (ERES) is required. The report must:

- a. verify that the applicant has successfully completed primary and secondary and nursing education equivalent to education received in a US state or territory as determined by the Department, based upon receipt and review of official transcripts from the nursing education program bearing the school seal;
 - b. verify that the applicant was licensed in his or her country of education if licensure was available at the time of education;
 - c. indicate any subject matter deficiencies;
 - d. be in a form and manner acceptable to the Department; we will not accept a credential report until we receive all relevant information required.
- If your first language is not English, you will be required to submit certification of passage of the Test of English as a Foreign Language (TOEFL), or the International English Language Testing System (IELTS).

Application Requirements

Designation	Requirements	Submitted:
<p>Registered Nurse Acceptance of Examination</p>	<p>Nursing applicants applying through the Acceptance of Examination method must apply through Department’s testing vendor, Continental testing. Continental Testing’s Registered Nurse (RN) online application can be found by clicking here.</p>	<p>CONTINENTAL TESTING</p>
<p>Registered Nurse Endorsement</p>	<ol style="list-style-type: none"> 1. Completed online application including all of the following required information: <ul style="list-style-type: none"> • Date and Place of Birth • Social Security Number or an SSN Affidavit • Temporary Military Permit • Name Change Information 2. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s). <ul style="list-style-type: none"> • NURSYS identification number OR • State’s licensure verification process 3. If domestically educated, please provide the following: <ul style="list-style-type: none"> • Education Form (ED-NUR) signed by the Dean or Director of your nursing program with the school seal affixed • A copy of your official transcripts with school seal affixed 4. If foreign educated, please provide the following: <ul style="list-style-type: none"> • CGFNS or ERES certification • If you cannot provide CGFNS or ERES certification, please include the VisaScreen Program Certificate and Certification of Foreign Licensure Form (CT) 5. Temporary Military Permit 6. Fingerprint Information: the fingerprint Transaction Control Number (TCN) from your fingerprint receipt. This number is 16 characters long 	<p>ONLINE PORTAL</p>

	<p>and can be found on the receipt provided by your fingerprint vendor. Please keep your fingerprint receipt until your license has been issued. The IDFPR may request it if any issues in the fingerprinting process arise.</p> <p>7. Temporary Nursing Permit form (if applicable)</p> <p>8. Personal History Information including:</p> <ul style="list-style-type: none"> • Criminal History • Felony Convictions • Dishonorable discharge from military service • Disease or conditions that may interfere with professional work • Denial of a prior professional license <p>9. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes.</p>	
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Application Fees

<i>Fees collected through the licensing process are NOT REFUNDABLE OR TRANSFERABLE.</i>		
Complete	License Type	Submitted:
Acceptance of Examination	(041) Registered Professional Nurse (RN) \$98.00	CONTINENTAL TESTING
Endorsement	(041) Registered Professional Nurse (RN) \$50.00	ONLINE PORTAL
Endorsement with Temporary Nursing Permit	(041) Registered Professional Nurse (RN) \$75.00 <i>The Temporary Nursing Permit is an additional \$25.00.</i>	ONLINE PORTAL
<i>NOTES: All major credit and debit cards as well as ACH and eCheck are accepted.</i>		

Security Clearance Information

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department’s testing vendor.

Illinois Fingerprint Vendors

1. Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by [clicking here](#). The Illinois State Police will transmit electronic results of fingerprint processing to the Department.
 - Applicants *fingerprinted in Illinois* will **no longer** be required to submit a physical copy of their live scan receipt as a part of their initial license application. Instead, they will be required to enter their 16 digit **Transaction Control Number (TCN)** found on the fingerprint receipt issued by their licensed fingerprint vendor.
 - Applicants *should still* retain a copy of this fingerprint receipt until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.

Out-of-State Fingerprint Vendors

Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:

1. Obtain one (1) Illinois State Police (ISP) **Fee Applicant Card** for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at <http://www.idfpr.com/>. The ISP will transmit electronic results of the fingerprint processing to the Department.
2. Complete Section 1 of the **Identity Verification Certifying Statement form (OOS-FP)**. See the end of this packet for form OOS-FP.
3. The **Fee Applicant Card** shall be taken to a police department in another state to obtain classifiable prints.
4. Section 2 of the **Identity Verification Certifying Statement form (OOS-FP)** shall be completed and signed by the police department.
5. [Click here](#) to select a licensed Illinois fingerprint vendor that has “Card Scan” capability. Contact the vendor to determine the fee for a “Card Scan”.
6. Mail the original **Identity Verification Certifying Statement form (OOS-FP)** (with Sections 1 and 2 completed), **Fee Applicant Card** and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.
7. To verify applicants have completed the fingerprinting process, IDFPR will require applicants to enter the 16 digit **Transaction Control Number (TCN)** found on their *Fee Applicant Card* issued by the Illinois State Police. This number can be found in the upper-right hand corner of the *Fee Applicant Card* and begins with the letters **‘FRM’**.

Applicants *should still* retain a copy of all OOS-FP-related forms until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.