



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

ADVANCED PRACTICE REGISTERED NURSE LICENSURE

First Name: MI: Last Name: Maiden Name:

Social Security No.: E-mail:

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License:

Address:

City, State, Zip:

Phone Number: ( ) Date of Birth: / / Gender:

POST BASIC NURSING EDUCATION:

School of Nursing:

Address:

No. & Street City State Zip Code

Month & year entered: Month & year completed: Length of course:

Do you hold current certification as a nurse practitioner, clinical nurse specialist, or nurse anesthetist from one of the following (please check):

- The American Nurses' Association (ANCC)
The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC)
The National Certification Board of Pediatric Nurse Practitioners and Nurses (PNCB)
The American Association of Nurse Anesthetists (AANA)- Certification Number:
The American Academy of Nurse Practitioners (AANP)
The Oncology Nursing Certification Corporation (ONCC)
The American Association of Critical Care Nursing-CCNS Certification (AACN)

NOTE: This office can obtain verification of AANA certification online. Please provide your certification number in the space provided above.

List all states/territories/Canadian provinces in which you are now or have ever been licensed. Please attach an additional sheet if needed.

Table with 4 columns: STATE, LICENSE NO., EXPIRATION DATE, TYPE: (LPN, RN, APRN)

PROFESSIONAL HISTORY. Please answer each question below, referring to the instructions if applicable.

1. Have you ever been censured, disciplined, dismissed or expelled from, been put on probation, or been requested to resign or withdraw from any health care institution or agency, or third party reimbursement program, whether governmental or private? YES NO

If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES  NO

*If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement.*

3. Have you ever, in any state, the District of Columbia, a United States possession or territory, any branch of the armed services, or a foreign jurisdiction:

a) had any professional licensing or disciplinary body limit, restrict, suspend or revoke any professional license, certificate, or registration granted to you, or impose a fine or reprimand, or take any other disciplinary action against you? YES  NO

b) in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration? YES  NO

c) been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body? You need not report any complaints dismissed as without merit. YES  NO

d) entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body? YES  NO

*If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.*

4. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES  NO

*If your answer is "yes", give full details, dates, etc. on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.*

**PHOTOGRAPH:**

**NOTARIZATION**



On this \_\_\_\_\_ day of \_\_\_\_\_ of 20 \_\_\_\_\_,

\_\_\_\_\_ (applicant's name)  
personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ of 20 \_\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC**

*My commission expires* \_\_\_\_\_

Please return this application and fee for \$200.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health  
APRN Licensure- Remittance Unit  
410 Capitol Avenue, MS# 12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308