TEXAS BOARD OF NURSING

1801 Congress Avenue, Suite 10-200, Austin, Texas 78701
(512)305-7400 – Web Site: www.bon.texas.gov

Petition for Declaratory Order (DO) – RN/LVN

Before submitting your Declaratory Order be advised that
ALL FEES ARE NON-REFUNDABLE.

A Petition for Declaratory Order (DO) is a formal disclosure to the Board of an eligibility issue that may prevent an applicant from taking the NCLEX and receiving initial licensure. The DO permits the Board to make a decision regarding a petitioner's eligibility for licensure ***prior to entering or completing a nursing program***. The $150 fee is required if the Board has completed the initial eligibility review and determined that an official investigation is required.

You should submit the DO & $150 if:

1. You submitted fingerprints as part of the New/Accepted Student Roster process & you received an outcome letter from the Board requesting the submission of the DO & $150.

You should submit the DO ONLY if:

1. You submitted fingerprints as part of the New/Accepted Student Roster process & received a Blue Card, BUT have to disclose a non-CBC related eligibility issue (i.e. questions 2-5 on the DO).

2. You are attending an out-of-state nursing program, are more than 6 months away from graduation, and have an eligibility issue to disclose to the Board.

NOTE: You will need to contact the Board for specific instructions on submitting the DO without the $150 payment.

Petitioners must submit the following items for their file to be considered complete & ready for review:

1. Petition for Declaratory Order & $150 (if required)

1. Fingerprint submission for a criminal background check (CBC) completed through Identogo

   You will receive an email from Identogo with instructions on how to complete your fingerprints. The email will not be sent until we've received your DO.

Petitioners who submitted fingerprints as part of the New/Accepted Student process won't need to complete this step. You will receive an email from Identogo if Board staff confirms that you are required to re-fingerprint.

**Keep in mind that additional requirements may be added at any time during the review process.

Processing Timeframes

The DO & $150 are valid for ***1 year from the date received***. All requirements must be submitted within that year or a new DO & $150 will be required before the eligibility review can begin.

Board staff processes items within ***10 business days*** of the date the items are received. All items are processed in date order.

Eligibility Review Timeframes

An eligibility review can take an average of 90 days. The review begins within 10 business days of the Board receiving the last required item. Files are reviewed on a case by case basis and cannot be expedited. You will be contacted by BON staff if additional material is needed for the review. You will be sent an outcome letter at the conclusion of the eligibility review.

Application Type

Application: Petition For Declaratory Order (RN/LVN)

General Information

Demographic Information

Salutation:

Full Legal Name Required:

Maiden Name:

Identifying information

What is your Gender?:

What is your Race? (Please select ALL that apply):

Are you of Hispanic or Latino origin?

Contact Information

Residential Address

(Also Mailing Address)

Phone Number(s)

Cell:

Eligibility Questions

1 Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?

Response:

Available response options:

'Yes', 'No'

2 Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

Response:

Available response options:

'Yes', 'No'

3 Have you, in the last 5 years*, been addicted to and/or treated for the use of alcohol or any other drug?

*PursuanttotheTexasOccupationsCode§301.207,information,includingdiagnosisandtreatment,regardingan individual' s physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the

Texas Occupations Code §301.466.

Response:

Available response options:

'Yes', 'No'

4 *Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

Note - Any positive response will remain confidential and not subject to public disclosure unless required by law.

Response:

Available response options:

'Yes', 'No'

5 *Are you currently the target or subject of a grand jury or governmental agency investigation?

Response:

Available response options:

'Yes', 'No'

6 For any criminal offense* including those pending appeal, have you:(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial or renewal application.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27) ***NOTE: Orders of Non-Disclosure***: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non- disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non- disclosure may become a character and fitness issue. Pursuant to Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

Response:

- ☐ ***been arrested and have a pending criminal charge?***
- ☐ ***been convicted of a misdemeanor?***
- ☐ ***been convicted of a felony?***
- ☐ ***pled nolo contendre, no contest, or guilty?***
- ☐ ***received deferred adjudication?***
- ☐ ***been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?***
- ☐ ***been sentenced to serve jail, prison time, or court-ordered confinement?***
- ☐ ***been granted pre-trial diversion?***
- ☐ ***been cited or charged with any violation of the law?***
- ☐ ***been subject of a court-martial; Article 15 violation; or received any form of military***

judgment/punishment/action?

☐ ***No, none of the above apply***

7 Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

Response:

Available response options:

'Yes', 'No'

8 Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?

Response:

Available response options:

'Yes', 'No'

9 I certify by entering my name below, I am the person applying for licensure with the Texas Board of Nursing and meet the qualifications required by Texas law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me and that the statements, documentation, and information submitted via the online application through an Internet interface are true, accurate, and complete, in every respect. I have not used a false or fictitious name in said application. I read and understand the questions and statements in the application and will abide by all current state and federal laws and regulations affecting nursing licensure. I understand that providing false or misleading information, as well as omitting pertinent or material information in connection with this application, is grounds for negative licensure consequences, which may include licensure denial or revocation and may subject me to civil or criminal penalties. I consent to the release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application. Further, I understand that if I have any questions regarding this affidavit, I may contact an attorney.

Please enter your full name and today's date.

Response:

☑ I, the NCLEX ® Candidate whose name appears within this Application, acknowledge this document is a legal document and I attest that I understand & meet all the requirements for the type of licensure requested, as listed in sections 301.252, 301.253, 301.452, 301.453, 301.454 and 304.001 of the Nursing Practice Act; 22 TAC §§213.27, 213.28, 213.29, 213.30, 213.33; 22 TAC §§ 217.11 and 217.12.
Further, I understand that it is a violation of the 22 TAC § 217.12 (6) (I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application. I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the Board if at any time

after signing this affidavit I no longer meet the eligibility requirements.

Name:
Payment confirmation code:

ORBS Transaction Reference:

Payment Date and Time:

Application Fee Amount: LVN/RN Declaratory Order Application Fee
Total:

NOTE: This document is a copy of the electronic license application for the person named above and does NOT constitute a verification of their license or represent a copy of the individual's license.