



**COMMONWEALTH BOARD OF NURSE EXAMINERS  
NORTHERN MARIANA ISLANDS**

P.O. Box 501458, Saipan, MP 96950

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**APPLICATION FOR LICENSURE BY EXAMINATION**

**READ ALL DETAILED INSTRUCTIONS**

*For Official Use Only*

1. Submit the APPROPRIATE FEE. Payments must be made payable to "CNMI Treasury" in US postal money order, cashier's check or Bank Drafts for foreign applicants.
2. Attach two (2) 2"x2" photos taken within the last six (6) months and signed on the bottom front portion of the photo.

Nursing School transcript .....Approved..... By.....  
Birth Certificate..... Approved..... By.....  
Marriage Certificate..... Approved..... By.....  
Copy of RN License Rec'd..... Approved..... By.....  
Fee Received.....Receipt #..... By.....

REGISTERED NURSE

LICENSED PRACTICAL NURSE

Print or Type

1. LAST NAME:

FIRST NAME:

MIDDLE NAME:

2. ADDRESS:

3. DATE OF BIRTH:

4. CITY

STATE

COUNTRY

ZIP CODE

5. SOCIAL SECURITY NUMBER:

6. E-MAIL ADDRESS:

7. TELEPHONE NUMBER:

8. PREVIOUS NAME(S):

9. MOTHER'S MAIDEN NAME:

10. COLOR OF EYES:

11. HEIGHT:

12. PRIMARY LANGUAGE:

13. HIGH SCHOOL ATTENDED AND YEAR OF GRADUATION:

14. PROFESSIONAL EDUCATION: (Name and address of nursing school completed)

15. Entrance Date:

16. Completion Date:

17. Type of Program:

AD DI

BSN

Advanced

18. Have you ever been known by any other name than that listed above?  Yes  No

If answer is yes, please list name(s) here and explain.

19. Have you ever had disciplinary proceedings against any license as a RN or LPN or any health-care related license including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state, territory or country? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.

20. Have you ever been convicted of any offense other than minor traffic violation? If yes, please explain fully.

Place 2"x2" photo here.

Signature In Full: \_\_\_\_\_

Date: \_\_\_\_\_

**AFFIDAVIT**

I, the undersigned, being duly sworn, say that I am the person referred to in the foregoing application for registration as a nurse in the Commonwealth of the Northern Mariana Islands, that the statements therein are true to the best of my knowledge and belief.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act(s) shall constitute cause for the denial, suspension, or revocation of my license to practice as an advanced practitioner in the Commonwealth of the Northern Mariana Islands.

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Signature of Applicant

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(SEAL)

My Commission expires \_\_\_\_\_  
(Date)