

University of Louisiana at Monroe
School of Nursing
PROGRESSION FORM

For progression, each student must submit this form to the School of Nursing every semester. Please complete and print or print and complete in ink. A response is required in each blank.

PERSONAL DATA

Last Name:		CWID
First Name:		
Middle:		Date of Birth
Maiden:		
Mailing Address:		Phone

THE FOLLOWING IS REQUIRED BY THE LOUISIANA STATE BOARD OF NURSING. THESE QUESTIONS MUST BE ANSWERED TRUTHFULLY AND HONESTLY.

	YES	NO
1. Are you a citizen of the United States? If NO, provide Alien Registration Number:		
2. Have you ever applied for RN licensure by examination in Louisiana or in any other state or jurisdiction? If YES, what state/jurisdiction?		
3. Have you ever taken the RN licensure examination in Louisiana or in any other state or jurisdiction? If YES, what state/jurisdiction?		
4. Have you ever been licensed as a Practical Nurse (LPN/LVN) in Louisiana or in any other state or jurisdiction? If YES, what state/jurisdiction?		
5. Have you been issued a citation or summons for, or has/have warrant(s) been issued against you related to, or have you been arrested, charged with, arraigned, indicted, convicted of, pled guilty/"no contest"/nolo contendere/"best interest of" or any similar plea to or been sentenced for any criminal offense, including all misdemeanors and felonies in any state or other jurisdiction?		
6. Have you had a license to practice nursing or as another health care provider denied, revoked, suspended, sanctioned, or otherwise restricted or limited, including voluntary surrender of license-including restrictions associated with participation in confidential alternatives to disciplinary programs? Have you had disciplinary action pending by a licensing board - other than by Louisiana State Board of Nursing – in any state or jurisdiction?		
7. Have you been discharged from the military on ground(s) other than an honorable discharge?		
8. Have you been named in a civil/malpractice case(s) or Medical Review Panel claim(s) relating to your practice of nursing? Have you been reported to the National Practitioner Data Bank? Have your clinical privileges been suspended, revoked, restricted or limited?		
9. Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional or psychiatric condition that might affect your ability to safely practice as a registered nurse?		
10. Have you had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs or alcohol? Have you been diagnosed as dependent upon/addicted to, or been treated for dependence upon medications?		
11. Do you require special testing accommodations?		

If you have answered YES to any of the above questions, prepare to meet with the Director of the School of Nursing and present an explanation about the event and the circumstances surrounding it. (The fact that an arrest or conviction has been pardoned, expunged, dismissed or that your civil rights have been restored does not mean that you can answer NO to the question.)

Signature:		Date:	
Department of Nursing:	CONCEPTS	INTERVENTIONS	Nursing Semester Enrolled: I II III IV V