

**Acknowledgment of Legal Requirements for RN Licensure Prior to Entering to Nursing Program**

I have been informed about the legal requirements for Registered Nurse licensure in the State of Texas. I have been informed about situations that would potentially result in an eligibility issue that could prevent an applicant from taking the NCLEX and receiving initial licensure. I have been informed that if such an eligibility issue applies to me, I am required to seek a Declaratory Order from the Texas Board of Nursing. I have been informed that if an eligibility issues arises while I am enrolled in the program, I am required to report it to the Dean or BSN Program Chair within three days of the event to determine eligibility to continue. Failure to report may result in dismissal from the program.

IMPORTANT: 1) Please type your information on the form and make sure to double-check that everything is correct. Incorrect information will delay your background check and could impact entry into the BSN program. 2) Print the completed document and sign your name. 3) Upload the document to NursingCas.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

UIWID#(PIDM) \_\_\_\_\_ Cell \_\_\_\_\_

**Required Information**

I give the Ila Faye Miller School of Nursing permission to submit the following information to the Texas Board of Nursing.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Number Street Apt.#  
\_\_\_\_\_  
City State ZipCode

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please indicate one of the following:**

- I plan to complete the background check required by the Texas Board of Nursing.
- I have evidence of clearance from the Texas Board of Nursing (blue card or declaratory order) and can provide it at the time of registration.
- I have completed a background check with registration as an LVN in Texas.

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