2829 University Avenue SE #200
Minneapolis, MN 55414-3253
(612) 317-3000 – Voice (612) 617-2190 – Fax
Toll Free (888) 234-2690 (MN, IA, ND, SD, WI)
(800) 627-3529 – TTY
Email: nursing.board@state.mn.us
Website: www.nursingboard.state.mn.us

APPLICATION FOR CONTINUED AUTHORITY TO PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE DUE TO FAILURE TO NOTIFY THE BOARD OF ADVANCED PRACTICE REGISTERED NURSE RECERTIFICATION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine eligibility for reauthorization of your APRN license; enable us to contact you when necessary; and identify you. All data submitted on the application is a public record. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of reauthorization. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

•Type or print clearly•Use black ink •Provide all information •Incomplete applications will be returned •Do not use initials or abbreviations

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME ☐ No middle name
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER ☐ Home ☐ Business ( )
STREET ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE / COUNTRY
EMAIL ADDRESS		BIRTH DATE (mm/dd/yyyy)

MINNESOTA LICENSE NUMBER

☐ RN _____ ☐ APRN _____

FEE CALCULATION

Have you practiced advanced practice registered nursing in Minnesota without current certification on file with the Board? ☐ Yes ☐ No
If yes, state number of months or part(s) of months during which you practiced without current APRN certification on file _____. Use the penalty fee schedule below to determine the fee amount that you owe. The penalty fee must be paid in the form of a certified check or money order and submitted at the time you submit your application.

Penalty Fee Schedule for Practicing Without Current Certification on File with the Board

Month(s) Worked	Penalty Fee	Months Worked	Penalty Fee	Months Worked	Penalty Fee	Months Worked	Penalty Fee
1	$200.00	7	$800.00	13	$1,400.00	19	$2,000.00
2	$300.00	8	$900.00	14	$1,500.00	20	$2,100.00
3	$400.00	9	$1,000.00	15	$1,600.00	21	$2,200.00
4	$500.00	10	$1,100.00	16	$1,700.00	22	$2,300.00
5	$600.00	11	$1,200.00	17	$1,800.00	23	$2,400.00
6	$700.00	12	$1,300.00	18	$1,900.00	24	$2,500.00

FEE AMOUNT REQUIRED:

☐ $_____Penalty Fee Enclosed (money order/cashier's check only). All fees are nonrefundable.

I affirm that the statements and documents provided by me during the application process are true and correct.

_____ Legal Signature

_____ Date (mm/dd/yyyy)

Return completed form, attachment(s), and fee to Minnesota Board of Nursing