

RESTORATION APPLICATION CHECK LIST  
SUBSTANCE USE/ABUSE RELATED

Name of Applicant/ Respondent \_\_\_\_\_

Sent to Board – Restoration Staff \_\_\_\_\_

- Complete application (notarized)
- Current Passport Style Photograph of yourself
- 5 notarized affidavits, 3 licensed persons, 2 lay people
- Signed Authorization(s) to Release Treatment Records and copies of those records, if applicable
- Verification of Licensure in other jurisdiction (if applicable)
- Normal negative Drug Screens for a minimum of twelve (12) months
- AA/NA Calendars completed appropriately for a minimum of twelve (12) months
- If Applicable, Aftercare Reports for a minimum of twelve (12) months ( if applicable)
- Proof of Completion of Education Courses, i.e. certificates of completion, listing from provider of continuing education of completed courses
- Assessment Conducted/ Submitted by Board Approved Assessor (if applicable)
- If under criminal probation, non-adjudication, drug court etc., provide copies of all legal agreements and proof of completions of all terms including payment of all fines, disposition of case, etc.

**The Board of Nursing will restore a license ONLY if the applicant can present compelling evidence to the Board of Nursing that his or her license should be restored in the face of misconduct that resulted in the loss of licensure. While the Board of Nursing has the authority to restore a nursing license, such restoration is not a RIGHT, and the burden of proof is on the applicant.**