Martha Ann Harrell, Public Member
Chair
Jacqueline F. Ring, RN, MBA, MHA
Vice-Chair
Julia L. George, RN, MSN, FRE
Executive Director

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August 1, 2015

IMPORTANT RN/LPN LICENSE CHANGES

Dear Licensee:

On October 1, 2015, the Nurse Licensure Compact (NLC) will become law in Montana. Being a member of the Compact entitles a licensed practical/vocational or registered nurse whose declared primary state of residence is Montana and who holds a Montana license to practice nursing in all other Compact states on the privilege granted by the Montana multistate license. The NLC applies only to LP/VNs and RNs and not to APRNs.

Provisions of the Compact law specify that you may hold only **one multistate license to practice within any of the Compact states, and that license must be from your declared primary state of residence. (Your primary state of residence is determined by where you have a driver's license, pay federal income taxes and hold your voter registration.)**

You are receiving this letter because our records show that you currently hold a North Carolina nursing license and your address is Montana. Since your current address of record is Montana, it is presumed that Montana is your **primary** state of residence. If you hold a Montana license, on October 1, 2015, your Montana license will automatically change to a multistate license granting you the privilege to practice in all of the other Compact states[1], including North Carolina.

If Montana ***IS NOT*** your primary state of residence, please complete and return the attached "Declaration of Primary State of Residence" by September 15, 2015 to prevent the conversion of your license and to assist the Montana Board of Nursing in determining the status of your nursing license.

If Montana ***IS*** your declared primary state of residence and you ***DO NOT*** hold a current Montana license, access the Montana Board of Nursing's website www.nurse.mt.gov to download an RN or LPN Application. You may also wish to contact the Montana Board of Nursing at:

MONTANA BOARD OF NURSING
PO Box 200513 (301 S Park, 4th Floor)
Helena, MT 59620-0513
LICENSING PHONE: (406) 841-2202 FAX: (406) 841-2305
EMAIL: nurse@mt.gov

Note: In this case only, you must apply for a Montana license no later than October 1, 2015.

Keep in mind, unless the North Carolina Board of Nursing is notified differently, your North Carolina nursing license will become inactive no later than midnight, September 30, 2015 and your Montana multistate license will grant you the privilege to practice nursing in North Carolina.

Congratulations and please let us know if you have questions.

Sincerely,

Julia L. George

Julia L. George, RN, MSN, FRE
Executive Director

[1]The Nurse Licensure Compact states are: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin

Licensure Exceptions:
You are a member of the armed forces who has a current license to practice nursing from any state and are performing authorized duties for the Department of Defense. The Compact does not supersede the federal law and hence has no effect on your current licensure status.

You are exempt from licensure because you are serving in the armed forces, the US Public Health Service, the U.S. Department of Veterans Affairs, or other federal agencies and are currently licensed in another state. The Compact does not supersede this exemption and hence has no effect on your current licensure status.

General information regarding how a Compact works may be found on the NLC web site at www.ncsbn.org/nlc.

DECLARATION OF PRIMARY STATE
NURSE LICENSURE COMPLIANCE STATEMENT

The following states participate in the Nurse Licensure Compact and are referred to as party or compact states. All other states are referred to as non-party or non-compact states:

Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana (effective October 1, 2015), Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

NAME: _____

NC Certificate # _____ RN _____ LPN _____

Current Mailing Address: _____ City _____State ____Zip_____

Primary State of Residence Address:_____ City _____State ____Zip_____

I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my "declared fixed permanent and principal home for legal purposes".

I am currently practicing nursing, including telenursing, in the following states:
_____

I am currently licensed in the following states :_____

I understand that I must continue to hold a license issued by each non-party state in which I practice or plan to practice.

PLEASE CHECK EACH STATEMENT THAT APPLIES TO YOU:

Statement #1:
____ I am currently licensed in North Carolina as well as Montana. Montana is my primary state of residence. I understand that my North Carolina license will not be active after September 30, 2015.

Statement #2:
____ I do not hold a license in Montana, which is my primary state of residence. I understand that I will need to apply for a license in Montana in order to practice nursing in Montana and in any other compact state including NC. I understand that my North Carolina license will not be active after September 30, 2015.

Statement #3:
____ I am currently licensed in North Carolina. My primary state of residence is a non-compact state. Therefore, my North Carolina license will not be affected by the Nurse Licensure Compact. I understand that my North Carolina license will remain a single-state status license for practice only in North Carolina.

Statement #4:

____ I am currently licensed in North Carolina and serving in the armed services or practicing in a federal institution. I understand that the Nurse Licensure Compact does not apply to me as long as I practice only in the armed services or a federal institution. My current employer's name and address is:

Employer: _____

Address:_____

_____

Statement #5:

____ I am now living in North Carolina and North Carolina is my primary state of residence. I understand that my North Carolina license will be a multi-state status license for practice in North Carolina or any other compact state.

Statement #6:

____ I am temporarily living outside of North Carolina but North Carolina is my primary state of residence. I understand that I must enclose proof of North Carolina residence and provide my permanent North Carolina address on page 1. Furthermore, I understand that if proof is not submitted, my licensure status may be affected.

Proof of residence document enclosed (enclose only one):

____ copy of current NC driver's license
____ copy of current NC voter's registration
____ copy of 1040(A) tax form showing NC as home state
____ copy of Military Form No 2058 – state legal residence certificate
____ W2 from U.S. Government of any bureau, division, or agency indicating the declared state of residence

Signature: _____ Date:_____

E-mail address: _____

Daytime Phone Number:_____

Please print, complete and return the Declaration of Primary State - Nurse Licensure Compliance Statement to the North Carolina Board of no later than September 30, 2015.

NORTH CAROLINA BOARD OF NURSING
POST OFFICE BOX 2129
RALEIGH, NC 27602-2129

If you have further questions, please contact the Licensure Department at the Board office - (919) 782-3211 ext. 268.