

PRACTICAL NURSING SHALL SUBMIT TO THE BOARD EVIDENCE, VERIFIED BY OATH OR AFFIRMATION THAT THE APPLICANT HAS COMPLETED A REQUIRED STATE APPROVED PRACTICAL NURSING EDUCATION PROGRAM OR ITS EQUIVALENT, AS DEFINED BY THE BOARD AND FOR THE SATISFACTORY COMPLETION OF WHICH HOLDS A DIPLOMA.

(B) ALL APPLICANTS TO PRACTICE LICENSED PRACTICAL NURSING SHALL HOLD A HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT BEFORE WRITING THE EXAMINATION FOR LICENSED PRACTICAL NURSING.

(C) THE APPLICANT SHALL PASS A WRITTEN EXAMINATION IN WHATEVER SUBJECTS THE BOARD MAY DETERMINE. UPON SUCCESSFUL COMPLETION OF THE EXAMINATION THE BOARD SHALL ISSUE TO THE APPLICANT A LICENSE TO PRACTICE AS A LICENSED PRACTICAL NURSE.

(D) THE BOARD MAY ISSUE A LICENSE TO PRACTICE LICENSED PRACTICAL NURSING WITHOUT EXAMINATION BY ENDORSEMENT TO ANY APPLICANT WHO HAS BEEN LICENSED OR REGISTERED AS A LICENSED PRACTICAL NURSE OR A PERSON ENTITLED TO PERFORM SIMILAR SERVICES UNDER A DIFFERENT TITLE, UNDER LAWS OF ANOTHER STATE, TERRITORY OR FOREIGN COUNTRY, IF, IN THE OPINION OF THE BOARD, THE APPLICANT'S EDUCATIONAL QUALIFICATIONS AT THE TIME OF HIS OR HER GRADUATION FULFILLED THE REQUIREMENTS OF THIS STATE AT THE TIME.

(E) THE APPLICANT APPLYING FOR A LICENSE TO PRACTICE AS A LICENSED PRACTICAL NURSE SHALL PAY THE FEE ESTABLISHED BY THE REGULATIONS OF THE BOARD. AN ADDITIONAL FEE, AS ESTABLISHED BY THE REGULATIONS, IS REQUIRED FOR EACH RE-EXAMINATION.

(F) ANY PERSON WHO HOLDS A LICENSE TO PRACTICE LICENSED PRACTICAL NURSING IN THIS STATE SHALL HAVE THE RIGHT TO USE THE TITLE "LICENSED PRACTICAL NURSE" AND THE ABBREVIATION "L.P.N.". NO OTHER PERSONS MAY ASSUME THE TITLE OR USE THOSE ABBREVIATIONS OR ANY OTHER WORDS, LETTERS, SIGNS OR DEVICES TO INDICATE THAT THE PERSON USING THEM IS A LICENSED PRACTICAL NURSE.

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(A) THE LICENSE OF EVERY PERSON LICENSED UNDER THE PROVISIONS OF THIS SUBTITLE SHALL BE RENEWED BIENNIALY. THE FEE FOR RENEWAL SHALL BE AS ESTABLISHED BY THE REGULATIONS OF THE BOARD.

(B) THE RENEWAL SHALL RENDER THE HOLDER A LEGAL PRACTITIONER OF NURSING FOR THE PERIOD STATED ON THE RENEWAL FORM.