

# OZARKS TECHNICAL COMMUNITY COLLEGE

## Associate of Science in Nursing Program

Please **sign, date and return this page** to: Allied Health Office in Lincoln Hall, 815 North Sherman, room 210.

### Licensure Requirements for Registered Professional Nurses

To help you make a good decision about whether to sign up for the Associate of Science in Nursing program, Ozarks Technical Community College wants you to know that Missouri Statutes, Chapter 335, Nurses, require that all persons performing as a registered professional nurse in the State of Missouri, must be duly licensed by the State Board of Nursing.

Missouri Statutes, Chapter 335, Nurses, 335.076 states:

Any person who holds a license to practice professional nursing in this state may use the title "Registered Professional Nurse" and the abbreviation "R.N.". No other person shall use the title "Registered Professional Nurse" or the abbreviation "R.N.". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a registered professional nurse.

In order to be licensed as a professional nurse in the State of Missouri, you will be required to write and pass the National Council Licensure Examination for Registered Nurses administered by the State Board of Nursing. In order to write the licensure examination, it is necessary to be a graduate of a registered nursing program approved by the Missouri State Board of Nursing and have the recommendation of the Coordinator of said nursing program.

I have read and understand that in order to perform as a licensed professional nurse in the State of Missouri, it will be necessary for me to write and pass the National Council Licensure Examination for Registered Nurses administered by the Missouri State Board of Nursing. I further understand that in order to write this examination I must be a graduate of a registered nursing program approved by the Missouri State Board of Nursing and have the recommendation of the Coordinator of said nursing program.

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Signature

\_\_\_\_\_  
Date

