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## **Application for Licensure by Endorsement / Temporary Practice Permit (TPP)**

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**PLEASE READ THE INSTRUCTIONS CAREFULLY & RETAIN FOR REFERENCE**

### **GENERAL INFORMATION:**

- The practice of nursing in Pennsylvania (PA) without a valid PA Temporary Practice Permit (TPP) or license is illegal and prosecutable.
- If you hold or ever held a PA nursing license, your PA license must be reactivated. **DO NOT PROCEED** with this application.
- Applicants must have completed an approved nursing education program to be eligible for licensure in PA. Completion of a registered nurse (RN) program or any part of an RN program is not acceptable for PN licensure.
- Section 5 of the Practical Nurse Law (PN Law) and Section 21.158 of the Board regulations require that practical nursing programs consist of at least **1500** hours of instruction. Continuing education hours and work experience hours in the role of an LPN may be used to meet any deficient hours related to your program.
  - A copy of the certificate(s) of completion is acceptable documentation. **If the coursework is documented in credit hours, please convert the credit hours to clock hours. Contact your course provider regarding this conversion.**
  - Each hour worked as an LPN under a TPP or a LPN license in another state can be credited on an hourly basis. Acceptable documentation is limited to a letter received directly from your employer(s) verifying the dates of employment, the number of hours worked per week, and a brief description of the services provided as a LPN.

### **INSTRUCTIONS:**

- Mail the completed application and fee to the Board at the above address, ATTN: Endorsement Area.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that a license/certificate was issued visit [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us).
- Social Security Numbers must be provided.<sup>1</sup> If a *Waiver of Social Security Number* form is submitted in lieu of a Social Security number, it cannot be used to renew a license/certificate.
- Applications must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- When licenses/certificates are not issued within the one year, new applications, including fees, must be submitted.

### **FEES:**

- Fees may be paid by personal check, cashier's check or money order and must be made payable to the "**Commonwealth of Pennsylvania**".
- **Fees are non-refundable.**
- Cash and credit cards are not accepted.
- Check/money orders drawn on foreign banks are only acceptable when "US funds" is identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the corrected fee is received.

### **NAME / ADDRESS:**

- Applicant's legal name must be entered on the application.
- Licenses/permits are not forwarded.
- Complete and submit the "Form to Request Change of Name &/or Address ..." located on the Board's website, whenever there is a change of name &/or address. Licensees are responsible to advise the Board of any address or name change within 10 days of the change.

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<sup>1</sup> Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank

**QUESTIONS: If "YES" was checked for any question in Section B, submit:**

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years dated within 90 days from the date of issuance. (Applicable ONLY to #B4 and #B5)
- Copies of criminal Court documents. (Applicable ONLY to #B4 and #B5)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B1, #B2 and #B3).

**CHILD ABUSE CONTINUING EDUCATION REQUIREMENT:**

EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete **3 hours** of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Board approved providers may take up to 7 business days to electronically send verification of completion to the Board. A license will not be issued until this electronic verification is received.

[ACT 31 Mandated Child Abuse Recognition and Reporting Continuing Education Providers](#)

**Applicants for Initial Licensure in PA:**

If you were educated and licensed in any state, territory or possession of the United States or Canada and have passed the State Board Test Pool Exam (SBTPE) or the NCLEX®-RN exam or the NCLEX®-PN exam you may apply for a Pennsylvania RN or LPN license by following the directions below:

1. Submit the completed *Application for Licensure by Endorsement / Temporary Practice Permit* and appropriate fee to the Board:
  - **\$100.00** fee for permanent license only or **\$135.00** fee for a Temporary Practice Permit and permanent license.
  - If you do not have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
  - An **official transcript** mailed directly to the Board (ATTN. ENDORSEMENT AREA) from the basic nursing education program that awarded the degree, certificate or diploma.
    - The basic nursing education program refers to the name of the institution, school, college or university where you completed the education that qualified you for your original nursing license.
    - **Non-official transcripts**, such as a student copy or student-submitted copy that was provided to the student by the program in a sealed official envelope, are not acceptable.
    - The official transcript must designate the degree, certificate or diploma awarded with the month, day and year the program was completed.
    - If the transcript is **not** written in English, a word-for-word English translation must accompany the transcript. A "Certificate of Accuracy" must be included at the end of the translation and must be signed by the translator.
  - **A Verification of Licensure** is required for all applicants and refers to the first nursing license obtained in a state, territory or possession of the U.S. by examination.
    - If your original licensing authority participates in Nursys® (a list of participating states is available at [www.ncsbn.org](http://www.ncsbn.org)) you **must** register and pay a fee at [www.nursys.com](http://www.nursys.com) in order for the Board to access your verification information.
    - If your original licensing authority does *not* participate in Nursys®, you must request that your original licensing authority complete a licensure verification and mail it directly to the Board office (ATTN. ENDORSEMENT AREA). The Verification form is available on the Board's website at [www.dos.pa.gov](http://www.dos.pa.gov); print out the *Verification of Licensure* form. **Complete Section A** of the *Verification of Licensure* form prior to sending it to your original licensing authority for completion. Contact that Board regarding any fee for this service.
    - If you were educated and licensed in Canada or Puerto Rico and you passed the NCLEX® or SBTPE for licensure in another state, request Verifications of licensure from both the original licensing authority where you passed the exam and from Canada or Puerto Rico.
    - Applicants who have not held an active nursing license within the past five years are required to satisfy the requirements for continued competency, as explained in §21.30a and §21.156a of the Board regulations.

### **Internationally Educated Applicants:**

In addition to the above requirements to complete this application an RN or PN who graduated from a nursing program **outside of the United States or Canada and who is licensed by completing the NCLEX®** in another jurisdiction of the United States may be granted licensure in the Commonwealth without examination if the applicant's program of study is deemed equivalent to the program of study required in the Commonwealth at the time the program was completed. The Board will base equivalency of the international nursing program upon an evaluation performed by the Commission on Graduates of Foreign Nursing Schools International (CGFNS). If you are an international graduate, **contact CGFNS at 215-349-8768 or at [www.cgfns.org](http://www.cgfns.org)**. Request that a CGFNS Credentials Evaluation Service (CES) *Professional Report* be sent directly to the Board. Please note that completion of this report by CGFNS may take several months and should be begun as soon as possible to reduce processing delays.

### **Applicants Applying for a Temporary Practice Permit (TPP) and a License:**

If you are jointly applying for a TPP and a license, check "*Application for Licensure by Endorsement / Temporary Practice Permit*" and comply with the following:

- To be eligible for a TPP you must also apply for licensure and submit the appropriate fees for both. Check "**RN License & Temporary Practice Permit (\$135.00)**" or "**PN License & Temporary Practice Permit (\$135.00)**."
- Applicants previously issued a TPP in one licensure classification (RN, PN) are not eligible for a second TPP in the same classification.
- **Complete Section E** on the application, attesting to the fact that you hold a current, valid license in a state, territory or possession of the United States or Canada.
  - An inactive, temporary or provisional license is *not* a current (active) license.
  - Information about TPP extensions, including compulsory timeframes, is available on the Board's web page [www.dos.state.pa.us/nurse](http://www.dos.state.pa.us/nurse) and will be included with your TPP.
- If your nursing education program was not conducted in English, you must provide the Board with evidence of English proficiency by achieving a passing score on one of the following Board-approved exams:

#### **TOEFL** - Test of English as a Foreign Language ([www.ets.org](http://www.ets.org))

- Achieve a passing score of **83 or higher overall** on the Internet-based (**TOEFL iBT**) version of the test.
- Achieve a passing score of **207 or higher overall** on the computerized version of the test.
- Achieve a passing score of **540 or higher overall** on the Paper-based version (**TOEFL PBT**) where available.

#### **TOEIC** - Test of English for International Communication ([www.ets.org](http://www.ets.org))

- Achieve a passing score of **725 or higher overall**.

#### **IELTS** - International English Language Test System ([www.ielts.org](http://www.ielts.org))

- Achieve a passing score of **6.5 or higher overall** on the **Academic Model** test.

**English Proficiency Test scores must be mailed directly to the Board from the testing agency. Copies will not be accepted.**

PENNSYLVANIA STATE BOARD OF NURSING  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

PHONE (717) 783-7142  
FAX (717) 783-0822  
[www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse)  
Email: st-nurse@pa.gov

**APPLICATION FOR LICENSURE BY ENDORSEMENT / TEMPORARY PRACTICE PERMIT (TPP)**

**ALL FEES ARE NON-REFUNDABLE**

**Applying For:**

Registered Nurse (RN) License (\$100.00) \_\_\_\_\_ Practical Nurse (PN) License (\$100.00) \_\_\_\_\_  
RN License & Temporary Practice Permit (\$135.00) \_\_\_\_\_ PN License & Temporary Practice Permit (\$135.00) \_\_\_\_\_

**SECTION A: APPLICANT INFORMATION: Print Clearly in Blue or Black Ink Only.**

Name: \_\_\_\_\_  
Last First Middle Maiden

List any other names you have used. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Country  
(\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Daytime Phone #

**Original Licensure:** \_\_\_\_\_  
Location Expiration Date License #

**SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:**

YES NO

1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

		YES	NO
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
7.	Have you ever had your DEA registration denied, revoked or restricted?		
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

**SECTION C: BASIC NURSING EDUCATION:**

Type of Program

Check One:

Check One:

**RN** \_\_\_\_\_

Degree: AD \_\_\_\_\_ BS \_\_\_\_\_ Diploma \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

**PN** \_\_\_\_\_

Certificate \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

List any other name(s) appearing on official documents. \_\_\_\_\_

Full Name of School of Nursing (No abbreviations):  
\_\_\_\_\_

Address of Program: \_\_\_\_\_  
City State Country

Completion Date: \_\_\_\_\_  
Month Day Year

Was this nursing education program conducted in English? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**SECTION D: PROFESSIONAL INFORMATION:**

		YES	NO
1.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		

If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.

STATE / COUNTRY	PROFESSION

If necessary, please attach a page with additional licensure information.

**SECTION E: ATTESTATION OF CURRENT LICENSURE:**

**TEMPORARY PRACTICE PERMIT APPLICANTS MUST COMPLETE THIS SECTION**

This is to certify that I have a current, valid license to practice nursing as a Registered Nurse or a Practical Nurse in the United States, a U.S. territory or possession, or Canada as follows:

Location of Current Licensure \_\_\_\_\_ Type of License PN \_\_\_\_\_ RN \_\_\_\_\_

Expiration Date of that license \_\_\_\_\_ License Number \_\_\_\_\_

I further certify that my license is in good standing

Applicant's Full Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION F: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.**

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION OF LICENSURE**

**Section A. Completed by Applicant only. Contact authority to confirm fee for verification.**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First Middle Maiden Name MM DD YYYY

**Current Address:** \_\_\_\_\_  
Street City State Zip Code Country

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Original Licensure:** \_\_\_\_\_  
United States / Canada License Number

**Name as it appears on original license:** \_\_\_\_\_

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section B. Completed by Original Licensing Authority only.**

**This is to certify that** \_\_\_\_\_ **was issued license number** \_\_\_\_\_  
Applicant's Name

**Date Issued:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Type of License Issued:**  Registered Nurse  Practical Nurse  
MM DD YYYY

**Basis for licensure:**  Examination  Other \_\_\_\_\_ **Current licensure status:**  Active  Inactive  Lapsed

**Has this license ever been disciplined in any manner or are disciplinary charges pending?**  
 No  Yes (If yes, please send certified copies of Board actions)

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**Basic Nursing Education Program:** \_\_\_\_\_ **Location:** (City, State/Province/Territory/Country): \_\_\_\_\_

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**Type of Program:**  Registered Nurse  Practical Nurse **Approved by State/Province/Territory:**  Yes  No

**Completion Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Awarded:**  Baccalaureate  Associate  Diploma  Other \_\_\_\_\_  
MM DD YYYY

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**Exam Information:**

NCLEX PN Results: \_\_\_\_\_ Exam Date or Series: \_\_\_\_\_

NCLEX RN Results: \_\_\_\_\_ Exam Date or Series: \_\_\_\_\_

SBTPE \_\_\_\_\_ Exam Date or Series: \_\_\_\_\_  
MED SUR OBS PED PSYCH

Other Results: \_\_\_\_\_ Exam Date or Series: \_\_\_\_\_

Original Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Name of Licensing Authority: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Mail form to:**  
**PA State Board of Nursing**  
**P.O. Box 2649**  
**Harrisburg, PA 17105-2649**

(SEAL)

**THIS FORM IS VALID FOR ONE YEAR**

