

Application for Licensure by Endorsement with Exam for Internationally Educated Registered Nurses

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 registered nursing (RN) license, your RN license must be reactivated. **DO NOT PROCEED** with this application unless you are applying for a different license type.
- Applicants must have completed an approved RN program to be eligible for RN licensure in PA.

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the address above. 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 was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided. *If a *Waiver 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, a new application, including fee, must be submitted.

FEES:

- The fee must 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 a foreign bank are only acceptable when "US funds" are 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 and/or Address..." located on the Board's website, whenever there is a change of name and/or address. Licensees are responsible to advise the Board of any address or name change within 10 days of the change.

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 6 months of the date the application. (Applicable ONLY to #B5 and #B6)
- Copies of criminal Court documents. (Applicable ONLY to #B5 and #B6)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B2, #B3 and #B4).

*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 Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW 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.

Applicants for Initial Licensure in PA:

If you are a graduate of an international Professional nursing education program and hold a current license, registration or are duly recognized there as a registered nurse, and are not licensed in the United States submit the completed *Application for Licensure by Endorsement with Exam for Internationally Educated Registered Nurses* and appropriate fee of **\$135.00** to the Board. NOTE: You are not eligible for a Temporary Practice Permit with this application.

- 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.
- **At the same time you submit your application** register to take the NCLEX®-RN exam with PearsonVue at www.vue.com/nclex. **An email address is required to register.**
 - Download the NCLEX® *Candidate Bulletin* at www.ncsbn.org/1213.htm for detailed information on the NCLEX® registration process, policies and rules.
 - Applicants who qualify under the *Americans with Disabilities Act* for accommodation(s) to take the exam must complete the *Request for Accommodations* form located at http://www.portal.state.pa.us/portal/server.pt/document/101411119/requestforaccommodations_pdf.
- Register with the Commission on Graduates of Foreign Nursing Schools, International's (CGFNS) at www.cgfns.org or (215) 349-8767 for the **Certification Program**. **Note: It is recommended to begin this process immediately.**
 - Once you have completed the Certification Program request that CGFNS send the “**eDas Report**” directly from CGFNS to the PA State Board of Nursing.
Note: This report will include the Certification Program status of the applicant.
 - **All questions related to CGFNS processes should be directed to CGFNS.**
- Once the application is complete and reviewed by the Board to assure compliance with PA requirements for RN licensure, the Board will send PearsonVue your eligibility to test. PearsonVue will then send you an Authorization to Test (ATT) E-mail.
 - **The ATT is valid for 90 days and cannot be extended for any reason.**
 - Once you receive the ATT you may schedule the testing location and test date.
 - Check the ATT to ensure that it reflects your name as it appears on your ID, the correct authorization period, the exam you registered to take, and if applicable, your approved accommodations for testing.
 - The ATT email contains important information including the authorization number, candidate identification number and its expiration date. It is needed to schedule your test appointment. It is not necessary to take the ATT to the test center only acceptable identification: <https://www.ncsbn.org/1221.htm>
- The only method for registration and payment for NCLEX® examinations is via the PearsonVue website. Only credit or debit cards are accepted for payment. Please refer to the NCLEX® website to review any changes: <https://www.ncsbn.org/nclex.htm>.
- After you take the licensure examination:
 - Allow 30 days to receive official results of the licensure exam by mail.
 - Verify your license at www.licensepa.state.pa.us.

Requirement for approved training in child abuse recognition and reporting

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that 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. Please 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. [Child Abuse Continuing Education Providers Information can be found here.](#)

APPLICATION FOR LICENSURE BY ENDORSEMENT WITH EXAM For Internationally Educated Registered Nurses

ALL FEES ARE NON-REFUNDABLE.

Application Fee: Registered Nurse (RN) License (\$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 If you do not have a U.S. social security number submit the *Waiver of S.S. # form*.

Address: _____
Street

City State Zip/Postal Code Country (other than U.S.)

() _____ Email Address: _____
Daytime Phone #

Original Licensure: _____
Country Expiration Date License #

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:

YES NO

1.	Are you requesting testing with accommodations? Candidates requesting testing accommodations, must submit a completed Request for Accommodation Form , found on Board website		
2.	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?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	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?		

Name: _____

SSN: _____

		YES	NO
5.	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.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	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?		
8.	If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		
9.	Have you ever had your DEA registration denied, revoked or restricted?		
10.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12.	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)

Name appearing on transcript: _____

Full Name of School of Nursing (No abbreviations):

Address of Program: _____
City State Country

Completion Date: . _____
Month Day Year

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

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 _____

