Online Instructions for **GRADUATES** Applying for Exam &/or Graduate Temporary Practice Permit (TPP)

**Read this Entire Document Prior to Any Application Submission & Print/Retain for Reference.**

**STEPS TO APPLY ONLINE for a License and/or TPP (Permit):**

- All fees are **non-refundable** and must be paid by credit or debit cards. A social security number (SSN) is required for an ONLINE application submission. Applicants without a SSN should submit a [Paper Application and Waiver Form](#).

- A SEPARATE online application and fee are required for licensure and/or Graduate Temporary Practice Permit (TPP), you can use the same user ID and Password to submit another application. This means if you are applying for licensure AND a Temporary Practice Permit (TPP) you must repeat the process of submitting a second online application and selecting the appropriate license type.

- A TPP (permit) is **NOT** a license but is required for an individual who wishes to practice as a graduate nurse during the period from the date of completion of their educational program to the notification of results of the licensing examination.

**APPLYING FOR A LICENSE by EXAMINATION:**

**PA Program Graduate - $35.00 Out of State Program Graduate - $100.00**

**Step 1:** Click on the link “Apply for Initial Licensure” at [https://www.mylicense.pa.gov/mylicense](https://www.mylicense.pa.gov/mylicense).

**Step 2:** Click on “Apply for NEW License”, located on left side of page and select the following:

- **Profession:** Nursing
- **License Type:** Select 01- License - Registered Nurse (RN) or 02- License - Practical Nurse (PN)
- **Obtain by Method:** Select one of the following options from the dropdown:
  - Exam (PA Program New Graduate) or
  - Exam (Out of State Program New Graduate – for Graduates who completed a program located OUTSIDE of PA)

**Step 3:** PearsonVUE Registration (test administrator): Register and pay the required fee ($200, debit or credit card only) to take the exam at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex). An email address is required to register. All correspondence from Pearson VUE will occur via email.

- If you are not registered with Pearson VUE at the time the Board evaluates your application, you will receive a letter with instructions to register with Pearson VUE and to contact the Board via email. To avoid delays register immediately after submitting your application to the Board.

- Candidates requesting testing accommodations – You must answer “YES” to the question on the exam application.
  - Submit a completed **“Request for Accommodation Form”**, found on Board website along with a copy of an evaluation completed by a licensed physician, psychologist, certified registered nurse practitioner, physician assistant, optometrist, ophthalmologist or audiologist for the determination of accommodations dated within the last 5 years from the date of the application.

**Step 4:** Evaluation Period: The Board will not review an application until it has received the following complete and correct documentation:

- Application and Fees
- Nursing Education Verification Form- sent **directly** from nursing program
- Official Transcripts (if applicable)
- Testing Accommodation Form (if applicable)
- Criminal history records check and Court Documents (if applicable)

Evaluation delays occur when application information is missing or required documentation is not provided. A discrepancy email/letter will be sent from the Board identifying the missing information/documents.

**Step 5:** Pearson Vue Sends ATT: Once the evaluation is complete and you are deemed eligible to take the examination by the Board, Pearson Vue will E-mail your ATT.

- 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. Information about acceptable identification is available at the following: [https://www.ncsbn.org/1221.htm](https://www.ncsbn.org/1221.htm). Your Identification must have your correct legal name before you register with Pearson Vue

- The ATT validity dates CANNOT be extended for any reason. If you have not tested by the expiration date, you must reregister and repay the exam fee.
APPLYING FOR A TEMPORARY PERMIT: PA Program Graduate - $35.00 Out of State Program Graduate - $35.00

Step 1: Click on the link “Apply for Initial Licensure” at https://www.mylicense.pa.gov/mylicense.

Step 2: Click on “Apply for NEW License”, located on left side of page and select the following:

- **Profession:** Nursing
- **License Type:** Select 03-Temporary Permit-for New Graduate RN or 04 Temporary Permit for New Graduate PN
- **Obtain by Method:** Select one of the following options from the dropdown:
  - PA Program New Graduate or
  - Out of State Program New Graduate

**REQUIREMENT FOR COMPLETING THE LICENSURE EXAM WITHIN 1 YEAR:**
- Effective December 17, 2016, candidates for licensure must take the licensure examination for the first time within one year of completing their nursing education programs. Express permission must be granted by the Board to take the examination for the first time after the one-year period. Candidates will first be required to demonstrate that they were prevented from taking the examination by emergency, illness, military service, licensure in another state, or other good cause shown.

**REQUIREMENT FOR ACT 31 OF 2014 TRAINING:**
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 www.dos.pa.gov/nurse under the link: General Board Information 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.

**ENGLISH PROFICIENCY REQUIREMENT:**
- 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 a Board-approved exam. A list of Board Approved English Proficiency Examinations are on our Board website www.dos.pa.gov/nurse under the link: General Board Information.
  - English Proficiency Test scores must be submitted directly to the Board from the testing agency.

**CRIMINAL/DISCIPLINARY HISTORY:**
- If “YES” is checked for any criminal/disciplinary history question, submit:
  - A detailed, signed and dated personal statement 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. All background check documents cannot be older than 90 days from the date of issuance. (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).

**ADDRESS OR NAME CHANGES:**
- Applicant’s legal name must be entered on the application.
- Licensees are responsible to advise the Board of any address or name change within 14 days of the change.
- 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.

**SOCIAL SECURITY NUMBER**
- 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.

**NEW GRADUATE TEMPORARY PRACTICE PERMIT (TPP) INFORMATION:**
- Applications for a Graduate TPP can be submitted during the 1 year period from completion of an approved nursing education program.
- The practice of nursing may begin after a TPP is issued by the Board. A TPP can be verified at www.pals.pa.gov/verify.
- The permit expires if the applicant takes the licensing exam. Employment must cease IMMEDIATELY.
- The graduate nurse who holds a TPP must practice under the supervision of an experienced, Pennsylvania registered nurse who is physically present in the unit or area where the graduate nurse is practicing.
- A TPP may be extended for up to 1 year under certain circumstances, by submitting the application found at www.dos.pa.gov/nurse.
OUT-OF STATE PROGRAM GRADUATES APPLYING FOR LICENSURE BY EXAM AND/OR TPP: In addition to applying as directed above, graduates of a nursing education program outside the state of Pennsylvania must submit the following:

1. NEV - Request the nursing education program to submit an NEV directly to the Board office.
2. Official Transcripts - Request the nursing education program to submit an official transcript directly to the Board office.
   - The transcript must be in English and state the type of degree, certificate or diploma awarded, total clock hours of education completed and the month, day and year the program was completed.
   - 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 a 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.

EXAM RESULTS:
- Exam results are mailed within 30 days of the test date.
- Candidates who PASS the exam are issued a license. A license can be verified at www.pals.pa.gov/verify
- Candidates who FAIL the exam are sent a Candidate Performance Report (CPR) issued by the National Council of State Boards of Nursing. This report is ONLY intended to provide indications of a candidate’s strengths and weaknesses. The NCLEX is not graded in sections, only overall performance on the exam determines pass/fail status.
- Additional information regarding the exam can be found at www.ncsbn.org.

REEXAM APPLICANT INSTRUCTIONS (Instate or Out-of State Applicants):

1. Mail the completed PAPER application and fee to the Board.
   - NEV is not required, as your education information has already been received.
   - Reexam applicants previously answering yes to any Criminal/Disciplinary History questions must submit documentation that no additional actions have occurred. Any new actions must be accompanied by the documentation required as stated within the criminal/disciplinary history section below.
2. Register with Pearson VUE.
   - If you are not registered with Pearson VUE at the time we evaluate your application, you will receive a letter with instructions to register with Pearson Vue and to contact the Board. To avoid delays register immediately after submitting your application to the Board.
   - A New appointment can be scheduled 45 days from last test date.
   - Accommodations: If applying for reexam the same accommodation(s) will be granted unless there is a modification to the original request, this requires a new form and evaluation to be submitted.
PENNSYLVANIA STATE BOARD OF NURSING

NURSING EDUCATION VERIFICATION FORM

This form is to be completed in its entirety by the Nurse Administrator of the Nursing Education program AFTER ALL PROGRAM REQUIREMENTS HAVE BEEN MET.

**Note:** If the Graduate is applying for both Graduate TPP and Exam, only 1 Nursing Education Verification Form is required.

**TO BE COMPLETED BY THE NURSING EDUCATION PROGRAM ONLY**

Student Name: ___________________________________________ Date of Birth: _______ - _____ - _______
First         Middle         Last

Last 4 numbers of the student’s social security # XXX-XX-__________

Nursing Education Program Name: ___________________________________________________________

Program Location: City _______________________________ State: _______________________________

Program Code: __________________________ Type of Program: __________________________ (RN/PN)

Date student completed the nursing education program: _______ - _____ - _____ Award: _______
(MM/DD/YY) RN: BSN, ADN, Diploma, Other-indicate
PN: Certificate, Diploma, Other-indicate

For Out-of-State Practical Nursing Education Programs Only:

If the program is NOT a Pennsylvania Nursing Education program, identify the following program CLOCK hours:

Theory hours: _____; Clinical hours: _____; Total combined program hours: _____; Program length in months: _____.

• (Note: All hours are to be reported as “clock” hours and must be reflected on the official transcript. Graduates attending practical nursing education programs with less than 1500 clock hours are required to show evidence of additional clock hours achieved by completing other nursing related course work or clinical experience to obtain the additional hours.)

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.

X_________________________________________________________

Signature of Nurse Administrator
(Name stamp or electronic signature is not acceptable.)

[Seal of Program or Hospital]
If there is no seal for the school, attach affidavit.

Nurse Administrator Name: ___________________________________________________________

Phone Number: (________) ___________________________________________________________

Date: __________________________
(Valid for one (1) year)

MAIL DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.

Mail Form To: PA State Board of Nursing
P.O. Box 8411
Harrisburg, PA 17105-8411

Physical Address: PA State Board of Nursing
2601 North Third Street
Harrisburg, PA 17110
(717) 783-7142

03/30/2017