COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE

RENEWAL APPLICATION – NURSE-MIDWIFE PRESCRIPTIVE AUTHORITY

_____
Full Name

_____
Street Address

_____
City **State** **Zip Code**

_____
Email Address

_____
License Number

RETURN TO:

State Board of Medicine
PO Box 8414
Harrisburg, PA 17105-8414

Check if appropriate

☐ **ADDRESS CHANGE – The address above is a new address and not on file with the Board.**

☐ **NAME CHANGE** – The name above is not the current name on the licensure records. **(You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)**

Requesting Status Change: Please note, the Board may require licensees who have not actively practiced for four or more years and are requesting reactivation of an expired/inactive license/certification to successfully complete a clinical skills evaluation and/or retraining program. This may delay the reactivation of your license until an approved skills evaluation and/or retraining program has been successfully completed.

☐ I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status.
No fee is required. **Form must still be completed – questions answered, signed and dated.**

SECTION A – CONTINUING EDUCATION - Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/med. Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. **You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2018.**

YES	NO	THE FOLLOWING QUESTION MUST BE ANSWERED.
		1. Have you met your continuing education requirements?

SECTION B – VERIFICATION OF INFORMATION

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.

Signature of Licensee **(Mandatory)**: _____Date:_____

EXPIRATION DATE: ➔	**December 31, 2016**
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" ➔	**$25.00**

Write your license number on your payment. ***A $20.00 fee will be assessed for returned payments.***

LATE FEE – $5.00 per month, or part of a month will be assessed if postmarked AFTER 12-31-16

PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES
RETURN BY: DECEMBER 1, 2016