

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

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 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.**
 - 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 an 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.
- Social Security Numbers must be provided. *If a *Waiver of Social Security Number* form is submitted in lieu of a Social Security number, the form cannot be used to renew a license/certificate.
- Application 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 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 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 correct 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.

* 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.

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).

CONTINUING EDUCATION FOR RN LICENSE RENEWAL:

- Registered nurses are required to verify completion of 30 hours of Board-approved continuing education obtained in the 2-year period immediately preceding renewal of their PA license. Refer to www.dos.state.pa.us/nurse for detailed information about this continuing education renewal requirement.

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 *not* 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 examination by following the directions below:

1. Submit the completed *Application for Licensure by Endorsement with Examination / Temporary Practice Permit* found at the Board's website, and the appropriate fee to the Board office:
 - **\$135.00** fee for permanent license only or **\$170.00** 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** must be mailed directly to the Board (ATTN. ENDORSEMENT AREA) from the nursing education program that awarded the degree, certificate or diploma.
 - The nursing education program refers to 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 school in a sealed official school 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.
 - **Verification of Licensure** must be mailed directly to the Board from your original licensing authority.
 - "**Original Licensing Authority**" refers to the nursing license authority in the state, territory or possession of the United States or Canada where you obtained your license by examination.
 - **Complete Section A** of the *Verification of Licensure* form and mail it to your original licensing authority.
 - Contact that board to confirm if there is a fee for this service.
2. **At the same time you submit your application**, register to take the NCLEX®-RN or NCLEX®-PN licensing exam with PearsonVue at www.vue.com/nclex.
 - 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>.
 - Applicants who qualify under the *Americans with Disabilities Act* for accommodations to take the licensing exam must complete the *Request for Accommodations* form located at http://www.portal.state.pa.us.portal/server.pt/document/10104/requestforaccommodations_pdf.

3. Once the application is complete and reviewed by the Board to assure compliance with PA requirements for 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>
- 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.

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 with Examination / 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 & TPP(\$170.00)**” or “**PN License & TPP (\$170.00)**”
- 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 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)

- 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)

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

IELTS - International English Language Test System (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.

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 EXAMINATION / TEMPORARY PRACTICE PERMIT (TPP)

ALL FEES ARE NON-REFUNDABLE

Applying For:

Registered Nurse (RN) License (\$135.00) ____

Practical Nurse (PN) License (\$135.00) ____

RN License & Temporary Practice Permit (\$170.00) ____

PN License & Temporary Practice Permit (\$170.00) ____

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:

Month Day Year

U.S. Social Security Number: _____

Address:

Street

City State Zip Country

(_____) _____
Daytime Phone #

Email Address: _____

Original Licensure: _____

Location

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:

RN _____

Check One:

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)

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

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

Completion Date: ____ / ____ / ____ **Awarded:** Baccalaureate Associate Diploma Other _____
MM DD YYYY

Exam Information:

NCLEX PN Results: _____ Exam Date or Series: _____

NCLEX RN Results: _____ Exam Date or Series: _____

SBTPE MED SUR OBS PED PSYCH Exam Date or Series: _____

Other Results: _____ Exam Date or Series: _____

Original Signature: _____

Mail form to:

(SEAL)

Title: _____

**PA State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649**

Name of Licensing Authority: _____

Location: _____

Date: _____

THIS FORM IS VALID FOR ONE YEAR

