

Application for Licensure by Endorsement / 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.
- To verify that a license was issued visit: www.pals.pa.gov/verify
- Applicants for RN licensure must have completed an approved RN program to be eligible for RN licensure in PA.
- Applicants for PN licensure must have completed an approved practical nursing (PN) program to be eligible for PN licensure in PA. Completion of a registered nursing (RN) program or any part of an RN program is not acceptable for PN licensure in PA.
- 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 signed 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 address above. ATTN: Endorsement Area.
- 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.
- 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:

- **Fees are non-refundable** and must be paid by personal check, cashier's check or money order made payable to the "**Commonwealth of Pennsylvania.**" 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. 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.

NAME / ADDRESS:

- 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.

QUESTIONS: *If "Yes was checked for any question in Section B, 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 #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).

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.

* 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

HOW TO APPLY FOR INITIAL LICENSURE IN PA:

PRACTICAL NURSES (PN)

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®-PN exam you may apply for a Pennsylvania LPN license by endorsement.

REGISTERED NURSES (RN)

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 you may apply for a Pennsylvania RN license by endorsement.

- 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.
- 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

1. Transcripts:

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.

2. Verification of Licensure:

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.

- **“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.
- If your original licensing authority participates in Nursys® (a list of participating states is available at www.ncsbn.org) you **must** register and pay a fee at 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
 - **Complete Section A** of the *Verification of Licensure* form found on the Board’s website at www.dos.pa.gov and mail it to your original licensing authority. Contact that Board to confirm if there is a 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.

3. Internationally Educated Applicants ONLY:

An applicant that graduated from a nursing program outside of the United States or Canada and has been 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 a Board Approved Foreign Credentials Evaluator.

- A list of Board Approved Foreign Credentials Evaluators are on our Board website www.dos.pa.gov/nurse under the link: General Board Information. It is recommended you begin the process as soon as possible to reduce processing delays

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.

REQUIREMENTS TO APPLY FOR A TEMPORARY PRACTICE PERMIT (TPP): Section “E”

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.
- Applicants previously issued a TPP in one licensure classification (RN, PN) are not eligible for a second TPP in the same classification.
- You must hold a current, active and valid license in a state, territory or possession of the United States or Canada.
- Information about TPP extensions, including compulsory timeframes, is available on the Board’s website www.dos.pa.gov/nurse and will be included with your TPP.

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
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)

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 _____ 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



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

PHONE: (717) 783-7142
www.dos.pa.gov/nurse

FAX: (717) 783-0822
Email: st-nurse@pa.gov

**WAIVER OF SOCIAL SECURITY
NUMBER**

VERIFICATION STATEMENT

Name:	<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last First Middle </div>
Profession:	

This is to verify that I do not have a social security number for the following reason(s):

I verify that the statement made above is true and correct to the best of my knowledge, information and belief. I understand that any false statements made are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license.

I will proceed to obtain a Social Security Number with all deliberate speed and provide the Pennsylvania State Board of Nursing with my Social Security Number upon receipt. I understand that my license will not be renewed unless I provide proof of my Social Security Number.

Applicant's Signature

Date