Application for Re-Examination

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.
- The form cannot be used to renew a license/certificate.
- 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.
- Please refer to the resource document “Frequently Asked Questions about TPP, Exam and ATT” on the Board website.

HOW TO APPLY:
1. Board Application Submission
   - Submit the completed paper application.

2. Pearson Vue Registration – Register and pay the required fee ($200, debit or credit card only) to take the exam at www.pearsonvue.com/nclerx. 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.

   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.

3. 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. 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.

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.

* 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.

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RE-EXAM APPLICANTS - HOW TO APPLY:

1. Mail the completed application and fee to the Board. **DO NOT APPLY ONLINE**
   - 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.

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](http://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](http://www.ncsbn.org).

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 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 #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).

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](http://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](http://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.

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APPLICATION FOR RE-EXAMINATION

CHECK ALL ITEMS THAT APPLY: (ALL FEES ARE NON-REFUNDABLE)

Re-Exam Applicants:

_____ Re-Exam RN Licensure ($30.00)  _____ Re-Exam PN Licensure ($30.00)

SECTION A: APPLICANT INFORMATION: (Print clearly in Blue or Black Ink Only.)

Name:

Last First Middle Maiden

(List any other names you have used. If none enter "None")

Date of Birth: U.S. Social Security Number: 

Month Day Year

Address:

Street

City State Zip

( ) Email Address: 

Daytime Phone #

SECTION B: CRIMINAL/DISCIPLINARY HISTORY: ANSWER THE FOLLOWING QUESTIONS:

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<th>YES</th>
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<td>1.</td>
<td>Are you requesting testing with accommodations? Candidates requesting testing accommodations, must submit a completed Request for Accommodation Form, found on Board website</td>
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<td>2.</td>
<td>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?</td>
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<td>3.</td>
<td>Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</td>
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<td>4.</td>
<td>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?</td>
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### SECTION C: PROFESSIONAL INFORMATION:

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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.

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If necessary, please attach a page with additional licensure information.
SECTION D: BASIC NURSING EDUCATION:

Type of Program:  
Check One:  

Degree: AD _____ BS _____ DIP _____ OTHER (Specify)  

PN _____  

Name appearing on Transcript: ____________________________________________

Full Name of Nursing Program (No abbreviations):  

City: __________________________  
State: _________________________

Program Completion Date:  
Month: ________  
Day: ________  
Year: ________

Was this nursing education program conducted in English?  
_____ Yes  
_____ No

Note: Failure to complete all program requirements renders the applicant ineligible for Licensure, Temporary Practice Permit or the National Council Licensure Examination (NCLEX).

SECTION E: 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: __________________________

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