

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

**Instructions for Reactivation of a Pennsylvania Nursing License that has been
Expired or Inactive for Five or More Years**

A Pennsylvania nursing licensee whose license has lapsed or been placed on inactive status for five years or longer shall, prior to receiving a license in this Commonwealth, meet §21.30a or §21.156a of the Board's regulations related to continued competency.

STEP1. Submit an "Application for Renewal/Reactivation of a PA Nursing License that has been Expired or Inactive for Five or More Years" along with the appropriate fee.

STEP2. Select and complete one of the following 3 options for demonstrating current competence:

OPTION A: Showing proof of employment as a nurse within the last 5 years.

If you have practiced nursing with a current license in another jurisdiction at some period of time within the past five years, have your employer(s) complete and submit the attached form "For the Purpose of RN License Reactivation" or "For the Purpose of PN License Reactivation."

OR

OPTION B: Examination (NCLEX):

Take and pass the National Council Licensure Examination (NCLEX®). This option involves (2) steps:

- 1. Complete** and submit the enclosed "Application For Exam For The Purpose of Continued Competency."
- 2. Register** with Pearson VUE (test administrator) by contacting an NCLEX® Coordinator by phone only at **1-866-496-2539 Monday through Friday from 9am-5pm.** An email address is required to register. Inform the NCLEX® Coordinator that you are retaking the exam for the purpose of meeting continued competency requirements. The exam registration fee must be paid by credit card, debit card or prepaid card. Additional information can be found at www.ncsbn.org.

Once the board of nursing makes the candidate eligible to test, the candidate will receive their ATT by email. The ATT continues to serve as the candidate's notice that they may schedule their NCLEX at a Pearson Professional Center.

OR

OPTION C: Board Approved Reactivation Program

Complete a Board Approved Reactivation Program. The list of programs is available on the Board's website, www.dos.pa.gov/nurse. This program includes three components: 1) theory, 2) clinical and 3) testing (passing a secured version of a predictive nursing achievement examination with a minimum score of 80%). All three components must be successfully completed. A certificate of program completion and predictive nursing achievement exam results must be submitted to the Board office directly from the program.

Note:

The application process will not proceed unless the licensee completes all components of the option selected including any other requirements.

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Mailing Address:
 State Board of Nursing
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 Harrisburg, PA 17105

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Application for Reactivation of a Registered or Practical Nurse License that has been Expired or Inactive for Five or More Years

****This application cannot be used for the purpose of renewing a current license.****

<p><u>Notice: Fee was increased on July 27, 2019.</u></p> <p>FEE: RN \$252.00 PN: \$206.00</p> <p>Fee includes a \$130.00 Reactivation Fee plus the current Renewal Fee.</p> <p>The non-refundable fee must be submitted in the form of a personal check, cashier's check, or money order made payable to the Commonwealth of Pennsylvania.</p> <p>A processing fee of \$20.00 will be charged for a check or money order returned unpaid.</p> <p>Note: For reactivation, all registered and practical nurse licensees are required to complete 2 hours of continuing education in child abuse recognition and reporting. For the list of approved providers, go to www.dos.pa.gov.</p> <p>Warning: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.</p>	<p>Name _____ (Last) (First) (Middle)</p> <p>Maiden Name _____</p> <p>All last names you have used _____</p> <p style="text-align: center;">Notice: Licenses cannot be forwarded by post office.</p> <p>Current Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone # _____ Date of Birth _____ (Include the area code) (Month) (Day) (Year)</p> <p>Email Address _____</p> <p>U.S. Social Security Number _____</p> <p>PA License # _____</p> <p>Expiration Date ____/____/____</p>
<p>Circle the option you will be using to provide proof of continued competency</p>	
<p>A - Showing proof of employment as a nurse within the last 5 years</p>	
<p>B - Examination (NCLEX)</p>	
<p>C - Board-Approved Reactivation Program</p>	

The Professional Nursing Law states that "the 'Practice of Professional Nursing' means diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The foregoing shall not be deemed to include acts of medical diagnosis or prescription of medical therapeutic or corrective measures, except as performed by a certified registered nurse practitioner acting in accordance with rules and regulations promulgated by the Board."

The Practical Nurse Law states that "the 'practice of practical nursing' means the performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician, or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing."

	YES	NO
Have you engaged in the practice of nursing in Pennsylvania since your Pennsylvania license lapsed or you placed it on inactive status? If yes: From: _____ to _____		
Have you engaged in the practice of nursing outside of Pennsylvania since your Pennsylvania license lapsed or you placed it on inactive status?		
Have you been employed by the federal government as a nurse since your Pennsylvania license lapsed or you placed it on inactive status?		
1. Are you submitting a name change with this reactivation?		
Change name to: You must submit a copy of a legal document verifying the name(s). The following are acceptable name change verification documents: <ul style="list-style-type: none"> • Marriage Certificate • Divorce decree which indicates the retaking of your maiden name • Other "legal" document indicating the retaking of a maiden name • For a "legal" name change, a copy of the court document must be provided 		
2. With the exception of the one you are currently reactivating, 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?		
Please provide the profession and state or jurisdiction.		
If you answer yes to questions 3, 4 and/or 5, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement. If you answer yes to questions 6, 7, 8 and/or 9, provide copies of pertinent documents and a personal detailed statement.		
3. Since your initial application or last renewal, whichever is later, 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?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Since your initial application or last renewal, whichever is later, 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?		
6. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
7. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

	YES	NO
9. Since your initial application or last renewal, whichever is later, have you 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?		
10. For RNs Only: Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education within the last 2 years? To reactivate the license, you are required to complete at least 30 hours of Board-approved continuing education within the past two years. Attach copies of the continuing education certificates to this reactivation application and return with the fee. These continuing education hours cannot be used in any future licensure renewal.		

ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY

I, _____, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am **REQUIRED** pursuant to Act 6 of 2018 to **NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following:** (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at www.pals.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

Licensee Signature

Date

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.

Licensee Signature

Date

This application is valid for one (1) year from the date the application was signed. The process must be completed within this timeframe or you will be required to submit a new application and repay the reactivation fee.

- Attachments:
 RN Reactivation Employment Letter
 PN Reactivation Employment Letter
 List of Board-approved Reactivation Programs
 Application for Exam for the Purpose of Continued Competency



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For the Purpose of PN License Reactivation

(This form is to be completed by the employer with whom the nurse worked at some period of time within the last 5 years.)

_____ has practiced as a licensed practical nurse from
(Name of Applicant)

_____ to _____. The title of the position
(MM/DD/YY) (MM/DD/YY)

the applicant held during employment is/was _____.

Employer signature: _____

Print Name: _____

Title: _____

Date: _____

Workplace Name: _____

Address: _____

Email address: _____

Telephone Number: (_____) _____



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For the Purpose of RN License Reactivation

(This form is to be completed by the employer with whom the nurse worked at some period of time within the last 5 years.)

_____ has practiced as a registered nurse from
(Name of Applicant)
_____ to _____. The title of the position
(MM/DD/YYYY) (MM/DD/YYYY)
the applicant held during employment is/was _____.

Employer signature: _____

Print Name: _____

Title: _____

Date: _____

Workplace Name: _____

Address: _____

Email address: _____

Telephone Number: (_____) _____

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APPLICATION FOR EXAM FOR THE PURPOSE OF CONTINUED COMPETENCY

CHECK ONE:

____ PA licensee (_____)
License number

____ Applicant seeking initial PA licensure.

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

Daytime Phone # Email Address: _____

SECTION B: SPECIAL ACCOMMODATIONS: Are you requesting testing with accommodations? Yes _____ No _____

*If yes, complete and submit the "Request for Accommodations" form located at www.dos.pa.gov/nurse

SECTION C: AFFIDAVIT: Read, sign and date.

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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 _____

Note that 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.

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF NURSING APPROVED REACTIVATION PROGRAMS
(In accordance to: 49 Pa. Code §21.30a & §21.156a)

Approved Reactivation Programs for RNs and PNs

Harrisburg Area Community College (HACC)
One HACC Drive
Harrisburg, PA 17110
(717) 221-1352

Northampton Community College
3835 Green Pond Road
Bethlehem, PA 18020
(877) 543-0998

South Dakota State University College of Nursing*
RN and LPN **Online** Reactivation Courses
Continuing Nursing Education
Box 2275, Wagner Hall 207
Brookings, SD 57007-0098
(605) 688-5745
www.sdstate.edu/nursing/refresher-course-rn
www.sdstate.edu/nursing/refresher-course-pn

*South Dakota: The arrangements for the clinical component and predictor testing are the responsibility of the course participant.

Approved Reactivation Programs for RNs Only

Montgomery County Community College
340 DeKalb Pike
Blue Bell, PA 19422-0758
(215) 641-6366

Updated: 1/2019