

**Pennsylvania State Board of Nursing
RENEWAL APPLICATION – CRNP Prescriptive Authority
Expiration Date: 10/31/2016**

RETURN TO:
State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

Full Name as it Appears on License (PRINT)

Street Address as it Appears on License (PRINT)

City State Zip Code

Your Prescriptive Authority Approval cannot be renewed until your RN and CRNP licenses have been renewed. Complete a separate renewal application for each Prescriptive Authority Approval you wish to renew.

CRNP License Number _____

Prescriptive Authority Number _____

Collaborating Physician with this Prescriptive Authority Record: _____

A prescriptive authority record can be renewed only with the one collaborating physician named on your prescriptive authority approval. Contact the Board office if there are changes.

LICENSES <u>CANNOT BE FORWARDED</u> BY THE POSTAL SERVICE.	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” Write your license number on your payment.	\$25.00 (NON REFUNDABLE) DO NOT STAPLE CHECK TO FORM.
A \$20.00 fee will be charged for payment returned by bank.	This form is invalid after 10/31/2016; late fees are assessed.

- I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.
- I have a change of name and/or address. **Complete section below and indicate Social Security #:** _____

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order). Name will not be changed without submission of document.	
PRINT NEW NAME:	

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer yes to questions 5 and/or 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		
2. Have you <u>completed</u> at least 16 hours of Board-approved continuing education in pharmacology? Do not send materials now. The Board will conduct an audit at a later date		
3. 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?		
4. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
5. 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?		
6. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		

If you answer yes to questions 7 through 11, provide copies of pertinent documents and a personal detailed statement.	Yes	No
7. 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?		
8. Since your initial application or last renewal, whichever is later , 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.		
9. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
10. 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?		
11. 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?		

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

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 _____