

**FOR OFFICE USE**

License # \_\_\_\_\_

Date Granted \_\_\_\_\_

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

**PHONE: (717) 783-7142**  
[www.dos.pa.gov](http://www.dos.pa.gov)

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

**VOLUNTEER LICENSE APPLICATION**

1. Complete the following form, attach the official letter and read the regulations. A fee is not required.
2. A Volunteer License is “a license issued by the appropriate board to a health care practitioner who documents, to the board’s satisfaction, that the individual will practice only in approved clinics, or upon referral from approved organizations, without remuneration, who is:
  - a) A retired health care practitioner; or
  - b) A nonretired health care practitioner who is not required to maintain professional liability insurance under the act of March 20, 2002 (P.L. 154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act, because the health care practitioner is not otherwise practicing medicine or providing health care services in this Commonwealth.”

**NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**OTHER NAMES USED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(NUMBER & STREET) (CITY) (STATE) (ZIPCODE)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
(MM/DD/YYYY)

**NAME OF CLINIC OR ORGANIZATION WHERE YOU WILL BE PRACTICING:**  
\_\_\_\_\_

**ADDRESS OF CLINIC OR ORGANIZATION:**  
\_\_\_\_\_  
(NUMBER & STREET) (CITY) (STATE) (ZIPCODE)

**LICENSE TYPE:** RN LPN CRNP  
(check one per application)

**PA LICENSE NUMBER:** \_\_\_\_\_  
(If unable to provide license number, contact Board office for instructions)

