FOR OFFICE USE	
License #	
Date Granted	_

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 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 CLINI	C OR ORGANIZATION	WHERE YOU WIL	L BE PRACTICING:	
ADDRESS OF CL	INIC OR ORGANIZATION	ON:		
(NUMBER & S	TREET)	(CITY)	(STATE)	(ZIPCODE)
LICENSE TYPE:	RNLPNCRNP	PA LICENSE	NUMBER:	
(ch	(check one per application) (If unable to provide license number, conta			ense number, contact

Board office for instructions)

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E:						
	(LAST)	(FIRST)	(MIDDLE)			
		ne of the following criteria in o	order to apply for a volunteer license			
(Che	ck one):					
	A nonretired licenses in this Commonweal	A licensee in good standing who has retired from active practice; OR A nonretired licensee who does not otherwise currently practice or provide health care services In this Commonwealth and is not required to maintain professional liability insurance under the Medical Care Availability and Reduction of Error (Mcare) Act.				
I CE	RTIFY THAT I INTE	ND TO PRACTICE ONLY:				
		VED CLINIC OR ORGANIZ RSONAL REMUNERATION	ATION, AND FOR PROFESSIONAL SERVICES.			
approin the	oved clinic or organiza e named clinic or org nization. If you chang	ation that states you have bee anization by the governing b	director or chief operating officer of an authorized to provide volunteer services ody or responsible officer of the clinic or ase submit an updated letter to the Board number.			
State Suppo At the inform Socia	Boards to comply with ort Enforcement, as imple request of the Depart mation prescribed by I I Security Numbers are	h the requirements of the Fed blemented in the Commonweal ment of Human Services (DHS DHS about the licensee, include	nis application is mandatory in order for the eral Social Security Act pertaining to Child the of Pennsylvania at 23 Pa.C.S. § 4304.1(a). (b), the licensing boards must provide to DHS ling the social security number. In additionate to comply with the reporting requirements of all Practitioner Data Bank			
		VERIFICATIO	N			
been public I ver inform 4904	altered or otherwise me c records or information ify that the statements mation and belief. I und (relating to unsworn f	odified in any way. I am aware a under 18 Pa.C.S. § 4911. In this application are true erstand that false statements are	plied by the Department of State and has not of the criminal penalties for tampering with and correct to the best of my knowledge, made subject to the penalties of 18 Pa.C.S. § may result in the suspension, revocation or			
S	ignature of Applicant		Date			
]	Printed Name of Applic	 ant				

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