

RETAIN FOR REFERENCE

Instructions for Licensure by Endorsement / Temporary Practice Permit (TPP) Application

General Instructions:

The practice of nursing in Pennsylvania without a valid Pennsylvania TPP or license is illegal and prosecutable.

If you hold or ever held a Pennsylvania nursing license, your license must be reactivated. DO NOT PROCEED with this application unless you are applying for a different license type.

Complete and send the application to the Pennsylvania State Board of Nursing. Include the **fee(s)** in the form of a personal check, cashier's check or money order. Make fee payable to the "**Commonwealth of Pennsylvania**". **The fee is nonrefundable.**

Multiple fees may be included in one payment. Do not send cash. Charge cards are not accepted. A check/money order drawn on a foreign bank is not acceptable unless "US funds" is identified on the check/money order. A processing fee of \$20.00 will be charged for a check/money order returned unpaid. Forms received without the correct fee cannot be evaluated and the applicant will be notified to submit the correct fee.

The application must be received in the Board office within ninety (90) days from the date the application is signed. The application is valid for one (1) year from the date signed. The process must be completed within the one-year time frame or the applicant will be required to submit a new application and fee. It is the responsibility of the applicant to get all required documentation to the Board within the time frame.

Licenses are not forwarded. Provide your current address to receive correspondence from the Board. It is the applicant's responsibility to inform the Board of an address or name change within ten (10) days after the change. Refer to the "REQUEST TO CHANGE" form located on our website.

To verify if your license or permit was issued, go to www.licensepa.state.pa.us and click on License Verification. If a Social Security Number is not provided on the application and you are issued a license, the license **cannot** be renewed until a Social Security Number is provided to the Board.

For applicants who answer yes to question **1 of the Criminal/Disciplinary History** questions; the Board requires a detailed signed and dated personal explanation from the applicant, Court documents and a recent Criminal History Records Check (**CHRC**) from all states where you lived in the last five years. The CHRC must be dated within six (6) months of the date the application is submitted. The CHRC must come from a State Law Enforcement Authority. Other documentation may be required later after review.

For applicants who answer yes to question(s) **2 and/or 3 of the Criminal/Disciplinary History** questions, the Board requires a detailed, signed and dated personal explanation from the applicant. Also, contact the proper licensing authority where the action was taken and request that a certified copy of the board order be sent directly to the PA Board.

Continuing education will be required to renew your Pennsylvania registered nurse license. Registered nurses are required to verify completion of 30 hours of Board-approved continuing education obtained in the 2-year period immediately preceding renewal. Refer to www.dos.state.pa.us/nurse for detailed information about this continuing education requirement.

In order to comply with federal statute, the State Board of Nursing is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board 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). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data

Bank. If this Board is required to make a report about one of its applicants or licensees to this data bank, it must report that individual's social security number.

For Licensure Applicants:

1. If you did not pass the National Council Licensure Examination (NCLEX®) or the State Board Test Pool Exam (SBTPE), you may not use this application.
2. An applicant must complete an approved registered nursing program to be eligible for Registered Nurse licensure/Temporary Practice Permit or an approved practical nursing program to be eligible for Practical Nurse licensure/Temporary Practice Permit. Completing part or all of a registered nursing program does not meet the requirements to be licensed as a Practical Nurse in Pennsylvania.
3. An applicant for endorsement who has not held an active nursing license within the past five years will be required to satisfy the requirements for continued competency, as explained at §21.30a of the RN regulations and §21.156a of the PN regulations. Regulations may be accessed at www.dos.state.pa.us/nurse.
4. The term "basic nursing education" refers to the name of the institution, school, college or university where you completed the education which qualified you for your original nursing license.
5. **Verification of Licensure** – In order to receive a permanent license, verification of licensure must be received from your original licensing authority. "Original nursing license" refers to the first nursing license obtained in the United States or its territories by examination.
 - a. Nursys is one method of licensure verification. Nursys allows State Boards of Nursing to access nurse licensing, discipline and education information through an online verification system. **Please visit www.ncsbn.org first for an updated listing of states participating in Nursys.** If your original licensing authority participates in Nursys verification, you **must** register and pay a fee at www.nursys.com in order for the PA Board to access verification information.
 - b. If your original licensing authority does **not** participate in Nursys, contact your original licensing authority and request that verification of your original nursing license be sent directly to the PA Board of Nursing. Contact the original licensing authority to inform you of the fee required.
 - c. If you were educated and licensed in Canada or Puerto Rico and you passed the NCLEX® or SBTPE for licensure in another state, request verification of licensure from your original licensing authority where you passed the exam, as well as verification from Canada or Puerto Rico.
6. An official transcript must be sent directly to the Board, (**ATTN. ENDORSEMENT AREA**) from the basic nursing education program/school, which awarded the degree, certificate or diploma. The transcript requirement for internationally educated applicants is explained below at #7. Non-official transcripts, such as a student copy or student submitted copy, are not acceptable. The transcript must designate the degree, certificate or diploma awarded and indicate the month, day and year the program was completed. A word-for-word English translation must accompany the transcript, if it is not in English. A "Certificate of Accuracy" must be typed or written at the end of the translation and must be signed by the translator.
7. **For Internationally Educated Applicants:**

A registered or practical nurse who graduated from a nursing program outside of the United States or Canada and who is licensed by completing the NCLEX® in another jurisdiction of the United States may be granted licensure in the Commonwealth without examination, if the applicant's program of study is deemed equivalent to the program of study required in the Commonwealth at the time the program was completed. The Board will base equivalency of the international nursing program upon an evaluation performed by the Commission on Graduates of Foreign Nursing Schools International (CGFNS). If you are an international graduate, contact CGFNS, Int. at 215-349-8767 or at www.cgfns.org. Request that a "Credentials Evaluation Service: Healthcare Profession and Science Report" be sent directly to the Pennsylvania Board of Nursing.

For Currently Licensed Applicants Applying for Temporary Practice Permit (TPP):

1. You may apply for a TPP if you hold a current license issued by another state, territory or possession of the United States or Canada. An inactive, temporary or provisional license is not a current license.
2. You must complete Section E of the application, attesting to the fact that you hold a current, valid license in the United States or Canada.
3. To be eligible for a TPP, you must apply for permanent licensure and submit fees.
4. Applicants previously issued a TPP at one level (RN, PN) are not eligible for a second TPP at the same level.
5. A TPP for currently licensed nurses is valid for one year from the date of issue, or until a permanent license is issued or denied.
6. If you are applying for a TPP as a currently licensed nurse and your basic nursing program was **not** conducted in English, you must provide the Board with evidence of English proficiency by one of the following:
 - Achieve a passing score of 83 or higher on the **Test of English as a Foreign Language Internet-based Testing (TOEFL iBT)**
 - Achieve a passing score of 540 or higher on the **Test of English as a Foreign Language Paper-based Testing (TOEFL PBT)**
 - Achieve a passing score of 725 or higher on the **Test of English for International Communication (TOEIC)**
 - Achieve a passing score of 6.5 or higher on the **International English Language Test System (IELTS)**, offered in paper or computer based.

Test scores must be sent directly to the Board from the testing agency. Copies are not acceptable.

Contact information:

- Education Testing Service (**ETS**)
www.ets.org - The ETS website gives access to information on both the TOEFL® and TOEIC tests.
 - International English Language Test System (**IELTS**)
www.ielts.org - At this site, select the IELTS administration center closest to you where you intend to take the IELTS examination.
7. A current and valid TPP may be extended for one (1) year by applying to the Board. The application for extension of a TPP can be obtained from the Board's web page www.dos.state.pa.us/nurse. Per Board regulations, the instructions for the Application for Extension of TPP contain deadlines that must be observed.

APPLICATION FOR LICENSURE BY ENDORSEMENT/TEMPORARY PRACTICE PERMIT

ALL FEES ARE NONREFUNDABLE

Applying For: (Check one)

Registered Nurse (RN) License (\$100.00) _____ Practical Nurse (PN) License (\$100.00) _____
RN License & Temporary Practice Permit (\$135.00) _____ PN License & Temporary Practice Permit (\$135.00) _____

SECTION A: APPLICANT INFORMATION: Print Clearly in Blue or Black Ink Only.

Name: _____
Last First Middle Maiden

List any other names you have used. _____

Date of Birth: _____ U.S. Social Security Number: _____
Month Day Year

Address: _____
Street

City State Zip
() _____ Email Address: _____
Daytime Phone #

Original Licensure: _____
State Expiration Date License #

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

		YES**	NO
1.	Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

****If you answered yes to question 1, attach a Criminal History Records Check (see General Instructions) and appropriate court documents with a detailed, signed and dated personal explanation.**

		YES**	NO
2.	Have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		
3.	Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		

****If you answered yes to question(s) 2 and/or 3, attach a detailed, signed and dated personal explanation and contact the proper licensing authority where the action was taken and request that a certified copy of the order be sent directly to the PA Board.**

Name: _____

SSN: _____

SECTION C: BASIC NURSING EDUCATION:

Type of Program: RN _____ Degree: AD _____ BS _____ DIP _____ OTHER _____
PN _____ (Specify)

Name appearing on Transcript: _____

Full Name of School of Nursing (No abbreviations) _____

Address of Program: _____
City State Country

Completion Date: _____
Month Day Year

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

SECTION D: LICENSURE HISTORY:

If you hold or have ever held a Pennsylvania nursing license, your license must be reactivated. Do not proceed with this application.

Enter all other Nursing licenses that you currently hold or have ever held, license number and expiration date:

STATE/COUNTRY	PN/RN/ADV. PRACT.	LICENSE #	EXPIRATION DATE

If necessary, please attach page with additional licensure information.

SECTION E: ATTESTATION OF CURRENT LICENSURE: TEMPORARY PRACTICE PERMIT APPLICANTS MUST COMPLETE THIS SECTION

This is to certify that I have a current, valid license to practice nursing as a Registered Nurse or a Practical Nurse in another state as follows:

State of Current Licensure _____ Type of License PN _____ RN _____

Expiration Date of that license _____ License Number (in that state) _____

I further certify that my license is in good standing; I have had no disciplinary action taken on my license and no disciplinary action is pending. I further certify that I completed an approved Practical Nurse program if I am applying for a Practical Nurse license or a Registered Nurse program if I am applying for a Registered Nurse license.

Applicant's Full Legal Signature _____ Date _____

SECTION F: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

By submitting this information I verify that I am of good moral character and, if requested, I shall furnish evidence satisfactory to the Board of Nursing. To the best of my knowledge and belief, this application contains no misrepresentation, falsification, omission or concealment of material fact and the information given by me is true and complete. I understand that any false statement made is 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, permit or certificate. I verify that this form 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

Name: _____

SSN: _____

information pursuant to 18 Pa. C.S. §4911. I have an ongoing responsibility to immediately report to the Board, in writing, any change(s) in information previously provided to the Board on my application. I understand it is my responsibility to know the legal requirements governing the practice of my profession and to remain knowledgeable regarding any changes in those requirements.

Applicant's Full Legal Signature _____ Date _____

In order to comply with federal statute, the State Board of Nursing is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board 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). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank. If this Board is required to make a report about one of its applicants or licensees to this data bank, it must report that individual's social security number.