PENNSYLVANIA STATE BOARD OF NURSING
RENEWAL APPLICATION – CNS Expiration date: 10/31/2014

RETURN TO:

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

_____
Full Name (PRINT)

_____
Street Address (PRINT)

_____
City State Zip Code

CNS Certification number_____

Your RN License #: RN_____

YOUR CNS CERTIFICATION CANNOT BE RENEWED UNTIL YOUR RN LICENSE IS RENEWED.

Licenses are not forwardable.

SECTION A – THE FOLLOWING INFORMATION MUST BE ANSWERED

Check if appropriate **Social Security Number: _____---_____---_____**

☐ **ADDRESS CHANGE – The address above is a new address and not on file with the Board. You must fill in Social Security Number above.**

☐ **NAME CHANGE – The name above is not the current name on the licensure record. You must fill in Social Security Number above.**

YES	NO	*If YES to question 2, 3, 4, or 5 – provide details AND attach certified copies of legal document(s).*
		1. Do you hold a certificate/license (active, inactive or expired) to practice this profession in any other state or jurisdiction? **LIST ALL STATES**
		2. **Since your initial application or your last renewal, whichever is later,** have you had disciplinary action taken against your license, certificate or registration issued to you in any other state or jurisdiction?
		3. **Since your initial application or your last renewal, whichever is later,** have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a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?
		4. **Since your initial application or last renewal, whichever is later,** 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.
		5. Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?

SECTION B – VERIFICATION OF INFORMATION

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 information pursuant to 18 PA C.S. 4911 and 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 my license being disciplined.

For future renewals, you will be required to verify that you completed 30 hours of Board-approved continuing education in the two years prior to renewal.

Signature of Licensee **(Mandatory)**: _____Date:_____

[ ] I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. **No fee is required**.

EXPIRATION DATE: ➔	**October 31, 2014**
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" ➔	**$50.00 (NON REFUNDABLE)**

Write your license number on your payment. ***A $20.00 fee will be assessed for returned payments.***
This form is invalid after 10/31/2014; late fees are assessed.

PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES