PENNSYLVANIA STATE BOARD OF NURSING
PO BOX 2649
HARRISBURG, PA 17105-2649
(717) 783-7142
FAX (717) 783-0822

www.dos.state.pa.us/nurse **Email: st-nurse@.state.pa.us**

Application for Extension of Temporary Practice Permit (TPP)

NOTE: A TEMPORARY PRACTICE PERMIT HOLDER MAY APPLY FOR A ONE-YEAR EXTENSION OF THE PERMIT.
Submission of this application requesting an extension DOES NOT guarantee that your TPP will be extended.

For TPP holders who are Graduate Registered Nurses or Graduate Practical Nurses:

At least 90 days prior to expiration date of TPP:

- Submit application for licensure by examination and fee.
- Submit licensure examination registration form and fee to the professional testing organization.

At least 60 days prior to expiration date of TPP *if wish to extend TPP due to illness or extreme hardship*:

- Submit TPP extension application and fee.
- Submit detailed written explanation of the reason the extension is requested. If due to illness provide certification of the illness from the treating physician.

For TPP holders who are licensed as RN or PN in another State, Territory or Possession of US or Canada:

Within 90 days of TPP expiration:

- The Board MUST receive **ALL DOCUMENTATION** in support of application for licensure.

At least 60 days prior to expiration date of TPP *if wish to extend TPP due to illness or extreme hardship*:

- Submit TPP extension application and fee.
- Submit detailed written explanation of the reason the extension is requested. If due to illness provide certification of the illness from the treating physician.

Within 45 days of the date the TPP is issued:

- Request *verification of licensure* from original licensing authority. Retain documentation.
- Request *certification of nursing education program* from appropriate licensing board or educational authority to be submitted directly to the Board. **Must be in English**. Retain documentation.
- Submit Commission on Graduates of Foreign Nursing Schools (CGFNS) application to CGFNS if applicant is required to meet CGFNS requirements for licensure. Retain documentation.
- If required to take the licensure examination (NCLEX):
  - Submit licensure examination registration form and fee to professional testing organization. Retain documentation.

NOTE: THE BOARD OF NURSING WILL NOT GRANT A TPP EXTENSION TO AN INDIVIDUAL WHO FAILS TO MEET THE ABOVE REQUIREMENTS.

INSTRUCTIONS

1. Submit a completed "Application for Extension of Temporary Practice Permit".
2. A **$60.00** fee must be submitted with the application. **This fee is non-refundable**. Make fee **payable to the** "**Commonwealth of Pennsylvania**". A processing fee of $20.00 will be charged for a check or money order returned unpaid.
3. Attach a written, detailed letter explaining the need for an extension. The letter must include all of the following:
   a. The reason why you are requesting an extension.
   b. A detailed, specific explanation of the circumstances that delayed your licensure process and caused you to need an extension.
   c. Your signature and the date of the request.
4. Send application, fee, and letter of explanation to: PA State Board of Nursing
   PO Box 2649
   Harrisburg, PA 17105-2649
5. You will be notified in writing of the outcome of your request for extension of your TPP.
6. It is illegal to practice nursing in Pennsylvania without a current, valid PA TPP or license.

RETAIN THIS DOCUMENT FOR REFERENCE

Pennsylvania State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 783-7142
www.dos.state.pa.us
email: st-nurse@state.pa.us

FOR OFFICE USE
Date Processed: _____
Receipt #: _____

APPLICATION FOR EXTENSION OF TEMPORARY PRACTICE PERMIT (TPP) – Fee $60.00

PRINT OR TYPE IN DARK INK, PUT ONLY ONE LETTER OR NUMBER IN EACH SPACE

1. **PENNSYLVANIA TEMPORARY PRACTICE PERMIT NUMBER**	☐ Practical Nurse # _____ ☐ Graduate Practical Nurse # _____ ☐ Registered Nurse # _____ ☐ Graduate Registered Nurse # _____ Date of TPP Expiration _____ Month / Day / Year
2. **NAME** This name must be the same as appears on your current Pennsylvania TPP.	Last Name: _____ First Name: _____ Middle Name: _____
3. **OTHER NAMES** List all other names you have used.	Maiden Name: _____ _____ Any Other Last Name You Have Used
4. **ADDRESS** Use the address where the Board of Nursing should send mail to you.	_____ Current Street Address _____ Current City _____ _____ State / Province Country (if other than US) _____ Postal / Zip Code
5. **DAYTIME TELEPHONE NUMBER**	___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ Extension: _____ Area Code
6. **BIRTHDATE** Enter the month, day, and year of birth.	_____ _____ _____ Month of Birth Day Year
7. **U.S. SOCIAL SECURITY NUMBER** Enter one number per space.	___ ___ ___ - ___ ___ - ___ ___ ___ ___

Applicant Name: _____ **SS#** _____ **TPP#** _____

8. CURRENT LICENSE	a. Are you currently licensed in anther state, territory, possession of the US or Canada? State/jurisdiction_____ License #_____Expiration Date_____ b. Have you ever failed the NCLEX in any jurisdiction?	YES [ ] NO [ ] YES [ ] NO [ ]
9. CONVICTION HISTORY Read and answer questions. If the answer to any question is "yes", attach full details and appropriate court documents with signed and dated personal explanation.	a. 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.	YES [ ] NO [ ]
10. LICENSURE HISTORY Answer the questions. If answer to part **a** or **b** is "yes", attach full details and appropriate licensing authority documents with a signed and dated personal explanation.	a. Have you ever withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state, territory, possession or country? A license includes a registration or certification. b. Have you ever had a license suspended or revoked or otherwise been the subject of disciplinary action by any licensing authority in any state, territory, possession or country?	YES [ ] NO [ ] YES [ ] NO [ ]

11. AFFIDAVIT Read, sign, and date.

I have read and understand all the information contained herein, and will comply with the requirements. I am of good moral character, and, if requested, I shall furnish additional evidence satisfactory to the Board of Nursing. To the best of my knowledge and belief this application contains no misrepresentations or falsifications, omission or concealments 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 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 information pursuant to 18 Pa.C.S. §4911.

Applicant's Full Legal Signature _____ Date _____

ATTACH THE $60 NON-REFUNDABLE FEE AND ANY REQUIRED DOCUMENTS. INCLUDE THE LETTER OF EXPLANATION (SEE INSTRUCTIONS). SUBMIT TO THE PA STATE BOARD OF NURSING.

NOTE: APPLICATION FOR EXTENSION OF TPP DUE TO ILLNESS OR EXTREME HARDSHIP MUST BE SUBMITTED TO THE BOARD OFFICE AT LEAST 60 DAYS PRIOR TO THE EXPIRATION DATE OF THE TPP.

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