

RETURN TO:

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

\_\_\_\_\_  
 Full Name (PRINT)

\_\_\_\_\_  
 Street Address (PRINT)

\_\_\_\_\_  
 City State Zip Code

CRNP License number \_\_\_\_\_

Your RN License #: RN \_\_\_\_\_

**YOUR CRNP 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? <b>LIST ALL STATES</b>  |
|     |    | 2. <b>Since your initial application or last renewal, whichever is later</b> , have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?  |
|     |    | 3. <b>Since your initial application or last renewal, whichever is later</b> , have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?   |
|     |    | 4. <b>Since your initial application or last renewal, whichever is later</b> , 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?<br>You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. |
|     |    | 5. <b>Since your initial application or your last renewal, whichever is later</b> , have you had your DEA registration denied, revoked or restricted?  |
|     |    | 6. Have you <u>completed</u> a minimum of 30 hours of Board approved continuing education within your CRNP specialty between November 1, 2012 and October 31, 2014?  |
|     |    | 7. Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?  |
|     |    | 8. Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)  |

Your license cannot be renewed if you have not completed the Board approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited you will be required to produce documentation of the continuing education.

**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.

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: →   | <b>October 31, 2014</b>         |
| FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →  | <b>\$75.00 (NON REFUNDABLE)</b> |
| Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.<br>This form is invalid after 10/31/2014, late fees are assessed. |                                 |
| <b>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</b>   |                                 |