

**Pennsylvania State Board of Nursing
RENEWAL APPLICATION – PN
Expiration Date: 6/30/2014**

RETURN TO:

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

Full Name As It Appears On License (PRINT)

Street Address As It Appears On License (PRINT)

City State Zip Code

PN License Number

Fee: \$60.00

Payable to: Commonwealth of Pennsylvania.

Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.

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

The following questions must be answered.

YES	NO	If YES to question 2, 3 or 4 – provide details AND attach certified copies of legal document(s).
		1. Do you hold a license/certificate (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 profession 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 Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a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 other 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.

Check if appropriate Social Security Number: _____

- Address Change – You must provide social security number above and new address below.
- Name Change – You must provide Social Security Number and submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree, or legal document to indicate retaking of maiden name.)

Print New Name: _____

Address Change – Print New Address

Street Address
City State Zip Code

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 above and request inactive status. No fee is required.

Instructions on Separate Page

Instructions for PN Renewal for 6/30/14

If your license expires other than 6/30/14, do not use this form. Please contact the State Board of Nursing at (717) 783-7142.

A survey is part of the renewal application process. Individual responses from the survey will not be shared or distributed. Results of the survey will assist in gaining a better understanding of the nursing workforce in Pennsylvania.

Fee Payable to:

Commonwealth of Pennsylvania \$60.00 (Non-Refundable)

Write your license number on your payment.

A \$20.00 fee will be assessed for returned payments.

This form is invalid after 6/30/14. Late fees are assessed.

We encourage you to renew by May 31, 2014, to ensure that you receive your license by the expiration date.

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



Commonwealth of Pennsylvania
 Department of Health
 2014 Survey of Practical Nurses

License #: PN _____
 * Required to avoid duplication
 * Anonymous & aggregate reporting only

DO NOT MAIL THIS SURVEY IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE.

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in the important work of understanding and projecting the nursing workforce. Strict controls are placed upon information when shared for the production of statistical reports and analysis. This information, when released to the public, will be in aggregate form only. To view past workforce reports visit www.health.state.pa.us. Thank you for your cooperation!

1. Year of Birth 2. Sex Male Female 3. Hispanic or Latino Origin Yes No
4. Race (check one) American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/ Other Pacific Islander White/Caucasian Other _____
5. State of Residence (enter two letter postal code) 5a. County of Residence (PA only – see codes on last page)
6. What type of nursing degree/credential qualified you for your first U.S. nursing license?
 Vocational/Practical certificate/diploma Associate Bachelor
- 6a. In what year did you obtain this first U.S. nursing license?
7. Were you initially licensed as a PN or RN in the U.S.? Yes No >> if 'Yes', skip to question 8
- 7a. In what country were you initially licensed as a PN or RN? _____
8. In what year did you obtain your first U.S. PN license?
- 8a. In what state was your first U.S. PN license issued? (two letter postal code)
9. Did you work as a Nursing Assistant prior to obtaining your PN license? Yes No >> if 'No', skip to question 10
- 9a. In what year did you begin working as a Nursing Assistant?
10. What is your highest level of nursing education completed? (check one)
 Vocational/Practical certificate/diploma RN Diploma – nursing Associate – nursing
 Bachelor – nursing Master – nursing Doctoral – nursing
11. Are you currently in the process of continuing your nursing education? Yes No >> if 'No', skip to question 12
- 11a. What type of nursing degree are you primarily pursuing?
 Associate Bachelor Master Post-masters Doctoral Other
- 11b. How long have you been pursuing your degree?
 Less than 3 years 3 to less than 5 years 5 to less than 7 years 7+ years
- 11c. When is your anticipated graduation date?
 Less than 3 years from today 3 to less than 5 years from today
 5 to less than 7 years from today 7+ years from today
- >> Skip to question 13
12. Are you planning to continue your nursing education in the next 0-3 years? Yes No >> if 'Yes', skip to question 13
- 12a. What is the main reason you are not planning to continue your nursing education? (check one)
 Financial reasons Not enough time Satisfied with current education Other
 Current RN programs do not transfer prior PN credits or credit PN experience
13. Do you hold a degree in a non-nursing field? Yes No >> if 'No', skip to question 14
- 13a. What is your highest level of non-nursing education completed? (check one)
 Associate – non-nursing Bachelor – non-nursing Master – non-nursing Doctoral – non-nursing
- 13b. Was this degree completed before the degree/credential that qualified you for your first U.S. PN license? Yes No

License #: PN _____

14. In addition to your PN license, are you also currently licensed as a RN? Yes No >> if 'No', skip to question 15
14a. Are you currently practicing only as an RN? Yes No

>> If the answer to question 14a is 'Yes', you have completed this survey. Thank you very much!!

15. What is your employment status? (select the best fitting category)

- Employed full-time in nursing or a position that requires a nursing license
- Employed part-time in nursing or a position that requires a nursing license
- Employed per-diem in nursing or a position that requires a nursing license
- Employed full-time in a field other than nursing
- Employed part-time in a field other than nursing
- Employed per-diem in a field other than nursing
- Working as a volunteer in a nursing position
- Unemployed, seeking work as a nurse
- Unemployed, not seeking work as a nurse
- Retired

>> If the answer to question 15 is 'working as a volunteer' or 'retired' or 'employed in a field other than nursing', you have completed this survey. Thank you very much!!

>> If the answer to question 15 is 'employed in nursing' (either full-time, part-time or per-diem), skip to question 17

16. Please select the best reason for your being unemployed.

- Difficulty in finding a nursing position
- I am currently disabled
- I am currently enrolled either part-time or full-time as a student
- Inadequate salary
- Taking care of home and family
- Other

>> If the answer to question 15 is 'unemployed', you have now completed the survey. Thank you very much!!

17. In what state is your primary job located? (two letter postal code)

17a. In what county is your primary job located? (PA only – see codes on last page)

18. Please check the type of setting that most closely corresponds to your primary nursing practice position.

- | | |
|---|--|
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Insurance Claims/Benefits |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health Service |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |

19. Please check the type of job that most closely corresponds to your primary nursing practice position. (check one).

Note: For purposes of this survey, direct patient care includes the amount of time a nurse spends directly with patients in a medical setting, including time spent on patient record keeping and patient specific office work. This would also include 'on call' hours if the nurse is required to remain in a medical facility.

- Direct Patient Care
- Indirect Patient Care:
 - Administration/Management
 - Infection Prevention/Control
 - Case Management
 - Medical Records
 - Nursing School Faculty/Administration
 - Informatics/Health Information Technology
 - Patient /Staff Education
 - Other

20. Please check the employment specialty that most closely corresponds to your primary nursing practice position.

- | | |
|---|--|
| <input type="checkbox"/> Acute Care/Critical Care | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Adult Health/Family Health | <input type="checkbox"/> Pediatrics/Neonatal |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Psychiatric/Mental Health/Substance Abuse |
| <input type="checkbox"/> Community | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Geriatric/Gerontology | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Maternal-Child Health | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Medical Surgical | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oncology | |

21. In how many positions are you currently employed as a nurse? 1 2 3 or more

>> If the answer to question 21 is '1', skip to question 26

22. In what state is your secondary job located? (two letter postal code)

22a. In what county is your secondary job located? (PA only – see codes on last page)

23. Please check the type of setting that most closely corresponds to your secondary nursing practice position.

- | | |
|---|--|
| <input type="checkbox"/> Ambulatory Care Setting | <input type="checkbox"/> Insurance Claims/Benefits |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health Service |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |

24. Please check the type of job that most closely corresponds to your secondary nursing practice position. (check one)

- | | |
|---|--|
| <input type="checkbox"/> Direct Patient Care | |
| Indirect Patient Care: | |
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Nursing School Faculty/Administration |
| <input type="checkbox"/> Infection Prevention/Control | <input type="checkbox"/> Informatics/Health Information Technology |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Patient/Staff Education |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other |

25. Please check the employment specialty that most closely corresponds to your secondary nursing practice position.

- | | |
|---|--|
| <input type="checkbox"/> Acute Care/Critical Care | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Adult Health/Family Health | <input type="checkbox"/> Pediatrics/Neonatal |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Psychiatric/Mental Health/Substance Abuse |
| <input type="checkbox"/> Community | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Geriatric/Gerontology | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Maternal-Child Health | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Medical Surgical | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oncology | |

26. Last week, how many hours did you work in all of your nursing positions combined?

27. In the past six months, have you provided language interpretive services for medical terminology? Yes No

>> If 'No', skip to question 28

27a. In which language(s) have you provided language interpretive services for medical terminology? (check all that apply)

- | | | | | |
|----------------------------------|--|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> PA Dutch | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

28. How satisfied are you with nursing as a career?

- Very dissatisfied Dissatisfied Satisfied Very Satisfied

29. Would you encourage someone to choose a career in nursing today? Yes No

30. How satisfied are you with your primary nursing job?
 Very dissatisfied Dissatisfied Satisfied Very Satisfied

31. Please indicate your level of satisfaction with the following factors in your primary nursing job (*check one for each job factor*)

Benefits	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Career development opportunity	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Coworker relationships	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Efficiency of workplace processes	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Participation in decisions	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Valued by administration	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Family relationships	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Salary	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Staffing levels	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Supervisory relationship	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Time to provide direct patient care	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Workload levels	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable
Workplace emphasis on patient safety	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Not Applicable

The following five questions ask about your use of computer systems for patient health information.

32. In your primary job, do you use computer systems to access patient health information (medical records, orders, etc.)?
 Yes No >> if 'No', skip to question 37

33. In your primary job, do you use a "meaningful use certified electronic health record system"?
 Yes No Not sure

34. In your primary job, do you use secure email messaging to exchange patient information with other health care providers/facilities?
 Yes No

35. In your primary job, how does your computer system impact your ability to do your job?
 Helps Hinders No Impact

36. Please identify where you learned to use computer systems in your role as a nurse (*check all that apply*).
 Nursing Education Program On-the-job Training Continuing Education

37. How much longer do you intend to remain employed in nursing?
 Less than 3 years 3 to less than 6 years 6 to less than 10 years 10 to less than 16 years 16+ years

38. If you plan to leave nursing in less than 6 years, indicate your primary reason below (*check one*).
 Change Careers Financial Reasons Retirement Stress/Burnout
 Family Reasons Physical Demands Return to School Other

Thank you!

If you are interested in learning more about emergency disaster response effort volunteer opportunities in Pennsylvania, please access www.serv.pa.gov for more information.

Pennsylvania County Codes						
01=Adams	11=Cambria	21=Cumberland	31=Huntingdon	41=Lycoming	51=Philadelphia	61=Venango
02=Allegheny	12=Cameron	22=Dauphin	32=Indiana	42=McKean	52=Pike	62=Warren
03=Armstrong	13=Carbon	23=Delaware	33=Jefferson	43=Mercer	53=Potter	63=Washington
04=Beaver	14=Centre	24=Elk	34=Juniata	44=Mifflin	54=Schuylkill	64=Wayne
05=Bedford	15=Chester	25=Erie	35=Lackawanna	45=Monroe	55=Snyder	65=Westmoreland
06=Berks	16=Clarion	26=Fayette	36=Lancaster	46=Montgomery	56=Somerset	66=Wyoming
07=Blair	17=Clearfield	27=Forest	37=Lawrence	47=Montour	57=Sullivan	67=York
08=Bradford	18=Clinton	28=Franklin	38=Lebanon	48=Northampton	58=Susquehanna	00=Not in PA
09=Bucks	19=Columbia	29=Fulton	39=Lehigh	49=Northumberland	59=Tioga	
10=Butler	20=Crawford	30=Greene	40=Luzerne	50=Perry	60=Union	