

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

PHONE (717) 783-7142
FAX (717) 783-0822
www.dos.state.pa.us/nurse
Email: st-nurse@state.pa.us

**APPLICATION FOR LICENSURE BY ENDORSEMENT WITH EXAMINATION/
TEMPORARY PRACTICE PERMIT**

NEW – Starting in 2010 continuing education will be required to renew a Pennsylvania registered nurse license. Registered nurses will be 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.

1. SUBMIT A COMPLETED APPLICATION

- If you hold or ever held a Pennsylvania nursing license your PA license must be reactivated. **DO NOT PROCEED** with this application unless you are applying for a different license type.
- If you have passed the National Council Licensure Examination (NCLEX®) examination or the State Board Test Pool Exam (SBTPE), you cannot use this application. Please see "Application for Licensure by Endorsement."
- Use your full legal name on the application and list any other prior names that may have been used. A change of address/name must be in writing and include: name, social security number, old address, new address, date of birth, signature and Pennsylvania nursing license number, if applicable. A name change will be made only if copies of official documents are included (marriage certificate, divorce decree, or court orders).
- **Licenses are not forwardable.** It is your responsibility to inform the board of an address change.
- Act 58 of 1997 mandates that government agencies collect social security numbers. An application cannot be processed without a U.S. Social Security Number or a completed social security waiver form.

2. SUBMIT CHECK OR MONEY ORDER MADE PAYABLE TO "COMMONWEALTH OF PA." THE CORRECT FEE IS \$135.00. IF APPLYING ONLY FOR PERMANENT LICENSURE OR \$170.00 IF ALSO REQUESTING A TEMPORARY PRACTICE PERMIT.

- Fees can be combined and submitted with one check or money order.
- Do not send cash. Charge cards are not accepted. A check/money order drawn on a foreign bank is not acceptable unless there is an affiliated bank located in the U.S.A. and "US funds" are identified on the check/money order. The fee is non-refundable and covers the cost of evaluating the application. Following the initial period of licensure, the license must be renewed every two years. A processing fee of \$20.00 will be charged for a check or money order returned unpaid.
- Forms received without the correct fee cannot be evaluated and will be returned to the applicant.

3. VERIFICATION OF ORIGINAL LICENSE MUST BE SENT DIRECTLY TO THE PA BOARD OF NURSING FROM THE ORIGINAL LICENSING AUTHORITY WHERE YOU PASSED THE LICENSING EXAMINATION.

- The term "original nursing license" refers to the first nursing license obtained in the United States, its territories or Canada by examination.
- Contact your original licensing authority to determine the correct method of verification. A listing of Boards of Nursing can be located at www.ncsbn.org. Certain states use the Nursys verification website to verify licensure. Nursys is the nurse licensing database for the National Council of State Boards of Nursing. It includes data from all Member Boards that have provided data to the National Council. An updated listing of the participating states can be found on the Nursys website at www.nursys.com.
- If your original license is in Canada or Puerto Rico and you have passed the NCLEX examination in another state, request verification from your original licensing authority as well as verification from the state where you passed NCLEX. Pennsylvania requires that all applicants pass National Council Licensure Examination (NCLEX) or State Board Test Pool Exam (SBTPE).
- An applicant must have completed an approved registered nursing program to be eligible for Registered Nurse licensure or an approved practical nursing program to be eligible for Practical Nurse licensure. Completing part of a registered nursing program does not meet requirements to be licensed as a Practical Nurse in Pennsylvania. Provide the entire correct name of the school of nursing completed so that official documents can be matched. The term "school of nursing" refers to the name of the institution, school, college or university where you completed the education which qualified you for your original nursing license.

4. APPLICATION PROCESSING

- The time for processing an application depends on the receipt of correct complete information and fee(s). The State Board of Nursing office is open Monday through Friday 8:30 – 5:00 EST and observes official state holidays and closings.
- Our goal is to process your application as quickly as possible. Repeated phone calls interrupt and delay the time we need to review documents. Please check the Pennsylvania Board of Nursing verification website to see if a license has been issued at www.licensepa.state.pa.us.
- Mail is processed in the order it is received.
- All licenses/permits are mailed to the address on record.
- Licenses/permits are not issued on-site.
- A Temporary Practice Permit is valid for one year from the date of issue, or until a permanent license is issued or denied. A current and valid permit may be extended for one year by applying to the State Board of Nursing. The application for extension can be obtained from the Board's web page www.dos.state.pa.us/nurse
- It is the responsibility of the applicant to ensure the State Board of Nursing receives all required information.

5. CONTACT INFORMATION

- If you need to contact the State Board of Nursing office please do so by fax, mail or phone. If your call is transferred to voice mail, be sure to leave your name, social security number and complete phone number including area code. The FAX message is available only for materials that do not require official seals and signatures. The completed application cannot be faxed. To request acknowledgment of the receipt of an application, send it "certified mail - return receipt requested." **No other acknowledgment will be made.** The address for express mail is: 2601 N. 3rd Street, Harrisburg, PA 17110.
- General information about the State Board of Nursing can be found on the Department of State's web site at www.dos.state.pa.us/nurse

6. NURSES EDUCATED IN CANADA, PUERTO RICO OR A UNITED STATES TERRITORY WHO HAVE NOT PASSED NCLEX

- If you are applying for licensure in Pennsylvania and your basic nursing program was located in Canada, Puerto Rico or a United States Territory, request translated transcripts to be sent directly from your school of nursing to the Pennsylvania State Board of Nursing. 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. You will be required to pass NCLEX, if you have not done so.
- Request verification of licensure from your original licensing authority.
- Refer to the enclosed NCLEX bulletin or contact NCLEX for information regarding the licensing examination at www.ncsbn.org.
- Once your PA licensure application has been evaluated and approved for testing by the Pennsylvania Board and the NCLEX registration form and fee have been received by Pearson Vue, you will receive an authorization to test (ATT).

7. ENGLISH PROFICIENCY (Refer to Sections 21.7 (b) (2) and 21.149 (b) (2) of the Boards regulations requiring English Proficiency)

If you are applying for a Temporary Practice Permit 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:

- o Achieve a passing score of 83 or higher on the **Test of English as a Foreign Language Internet-based Testing (TOEFL iBT)**
- o Achieve a passing score of 540 or higher on the **Test of English as a Foreign Language Paper-based Testing (TOEFL PBT)**
- o Achieve a passing score of 207 or higher on the **Test of English as a Foreign Language Computer-based Testing (TOEFL CBT)**
- o Achieve a passing score of 6.5 or higher on the **International English Language Test System (IELTS)**, offered in paper or computer base.
- o Achieve a passing score of 725 or higher on the **Test of English for International Communication (TOEIC)**

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

Please note, the Educational Testing Service (ETS) has a time limit on keeping the scoring information. After a two year time frame the ETS will no longer verify the scores. The Language Proficiency Industry has set this two year validity period.

Address for:

Education Testing Service (ETS)
Rosedale Road
Princeton, NJ 08541
USA
Tel: 1-609-921-9000
Fax: 1-609-734-5410
www.ets.org

Test of English as Foreign Language (TOEFL)
Educational Testing Service
PO Box 6151
Email: toefl@ets.org
www.toefl.org

Test of English for International Communication Service International (TOEIC)
TOEIC Testing Program
Educational Testing Service
Rosedale Road
Princeton, NJ 08540
Phone: 1-609-771-7170
Fax: 1-609-771-7111
Email: TOEIC@ets.org

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.

IELTS is administered by:

- **British Council**
- **IDP: IELTS Australia**
- **University of Cambridge ESOLS examinations**

FOR OFFICE USE

License # _____

Permit # _____

Receipt # _____



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Check ALL boxes that apply. To be eligible for a temporary permit, you must submit an application for permanent licensure.
If applying for temporary practice permit, list the required information regarding a valid, current license (State, License # and Expiration Date).

[] Registered Nurse License (\$135) _____

[] Registered Nurse Permit (\$35)
State License # Expiration Date

[] Practical Nurse License (\$135) _____

[] Practical Nurse Permit (\$35) _____

ENCLOSE CHECK OR MONEY ORDER PAYABLE TO "Commonwealth of PA"

1. Name: Last First Middle Maiden Name

2. Other Names: _____

3. Daytime Phone #: Between 8:30 - 5:00 EST Email Address: _____

4. Mailing Address: Street City / State / Zip Code

5. Social Security# Date of Birth MM / DD / YYYY
If you do not currently have a social security number, complete the enclosed waiver form.

6. Original Licensing Authority: State/Province/Territory Expiration Date License #

7. ALL other Nursing Licenses that you currently hold or have ever held. Check box and provide license number and expiration date:

- Grid of checkboxes for states: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, Any Country or Territory

SEE INSTRUCTIONS

8. Basic Nursing Education Program: Type of Program: [] RN [] PN

Name as it appears on Transcripts: _____

Name of School: _____ Date of Completion (Month, Year) _____

City, State, Country of School: _____

Was this nursing education program conducted in English? [] Yes [] No

APPLICANT NAME: _____
PRINT FULL NAME

SS# _____

9 Are you requesting special accommodations?

- Yes No

If yes, submit a completed "Request for Accommodations" form.

10. If the answer to any question is "YES", attach full details and appropriate supporting documents with a 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 (Attach documents and explanation.) No

A. FOR DISCIPLINARY REASONS, 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.

- Yes (Attach documents and explanation.) No

B. HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED OR OTHERWISE BEEN THE SUBJECT OF A DISCIPLINARY ACTION BY ANY LICENSING AUTHORITY IN ANY STATE, TERRITORY, POSSESSION OR COUNTRY?

- Yes (Attach documents and explanation.) No

AFFIDAVIT: READ, SIGN, AND DATE.

11.

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.

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 understand that fees are non-refundable and that in the event of any computer error, hardware or software malfunction, or if the examination is not held for any reason, any claim I may have will be limited to the examination fee paid by me. I further understand that legal action may be brought against me if I act in any manner which jeopardizes the reliability, fairness, validity or security of the NCLEX examination. 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.

12.

Applicant's Full Legal Signature

Date

Enclose \$135.00 for permanent licensure only or \$170.00 if also requesting a Temporary Permit. This is a non-refundable application fee.

This application is valid for one (1) year from the date the application was signed. The process must be completed within this time frame or you will be required to submit a new application and repay the application fee.



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VERIFICATION OF LICENSURE

Part 1: To be completed by applicant

Complete the top section of this form and submit to your original licensing authority or, if applicable, contact the National Council Verification website at www.nursys.com.

Name: _____
Last First Middle Maiden Name

Current name on the original license: _____
(This name must be reported on the Application for Licensure by Endorsement)

Mailing Address: _____
Street City / State / Zip Code

Social Security# _____ Date of Birth _____ / _____ / _____
MM DD YYYY

I hereby authorize the release of any information regarding my licensure status to the Pennsylvania State Board of Nursing.

Applicant Signature _____ Date _____

Part 2: To be completed by original licensing board

Please complete this section regarding the above individual and return this form to: Pennsylvania State Board of Nursing
P.O. Box 2649
Harrisburg PA 17105

This is to certify that _____ was issued license number _____
Applicant Name

on _____ to practice as a Registered Nurse Practical Nurse.

Basis for licensure: Examination Other _____ Current licensure status: Active Inactive Lapsed

Has this license been disciplined in any manner or are disciplinary charges pending?

No Yes* If yes, please attach details.

Nursing Education Program Completed: _____

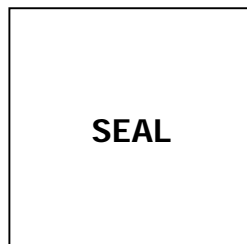
Location(City, State/Province/Territory/Country) _____

Approved by State/Province/Territory: Yes No Completion Date: _____

Type of Nursing Education Program: Baccalaureate Associate Diploma Other _____

Credential: Registered Nurse Practical Nurse

Exam Information:		
Exam Type: <input type="checkbox"/> NCLEX	Results: _____	Exam Date or Series: _____
<input type="checkbox"/> SBTPE	<small>MED SUR OBS PED PSYCH</small>	Exam Date or Series: _____
<input type="checkbox"/> Other	Results: _____	Exam Date or Series: _____



Signature of Licensing Officer: _____
Title: _____
Name of Licensing Authority: _____
Location: _____
Date: _____



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WAIVER OF SOCIAL SECURITY NUMBER

VERIFICATION STATEMENT

Name: _____ Last First Middle
Profession: _____

This is to verify that I do not have a social security number for the following reason(s):

I verify that the statement made above is true and correct to the best of my knowledge, information and belief. I understand that any false statements made are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license.

I will proceed to obtain a Social Security Number with all deliberate speed and provide the Pennsylvania State Board of Nursing with my Social Security Number upon receipt. I understand that my license will not be renewed unless I provide proof of my Social Security Number.

Applicant Signature

Date