

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 8411 FAX (717) 783-0822
HARRISBURG, PA 17105-8411

PHONE (717) 783-7142
www.dos.state.pa.us/nurse
email: st-nurse@pa.gov

PAPER Application for Exam and/or Graduate Temporary Practice Permit (TPP) & Reexam

Important Instructions: Read Carefully Prior to Any Application(s) Submission & Print/Retain for Reference

1) **PROHIBITION AGAINST PRACTICING NURSING WITHOUT AUTHORIZATION:**

No person may practice nursing in Pennsylvania without a valid Pennsylvania TPP or license. Violations are prosecutable. The RN and PN Laws and Regulations are included on the Board's website (above) by clicking on Law and Rules and Regulations.

2) **FEES:**

- Fees are not refundable and must be paid by personal check, cashier's check or money order and made payable to the "Commonwealth of Pennsylvania". A \$20.00 processing fee will be charged for a check/money order returned unpaid. Credit and debit cards are not accepted.
- Check/money orders drawn on foreign banks are acceptable when "US funds" is identified on the check/money order.
- Applications will not be processed until the fee is received.
- Applications are **valid for one year** from the date the affidavit is signed.

3) **STEPS TO APPLY:**

STEP 1: Board Application(s) Submission

Submit an application for Exam/Graduate Temporary Practice Permit to the above address.

NOTE: All new graduates can apply ONLINE (<https://www.mylicense.state.pa.us/PersonSearchResults.aspx>) unless you are **RETAKE** the exam or **DO NOT** have a social security number, then you **CANNOT APPLY ONLINE** and must submit this PAPER application.

STEP 2: Pearson VUE Registration:

At the same time applicants submit their Board Application (Step1) they MUST register and pay the required fee (\$200, debit or credit card only) to take the exam at www.pearsonvue.com/nclex. An email address **MUST BE** provided with your registration. If you do not have one you will need to create one since all correspondence from Pearson VUE will occur via email.

Pearson VUE will send you by email an Authorization To Test (ATT) ONCE the Board informs them that you are eligible to take the exam. The ATT email contains important information including the authorization number, candidate identification number and its expiration date. It is needed to schedule your test appointment. It is not necessary to take the ATT to the test center only acceptable identification: <https://www.ncsbn.org/1221.htm>.

4) **ADDITIONAL INSTRUCTIONS:**

- a) Once the Board has received all of the **complete and correct documents** (listed below) and you have registered with Pearson VUE, allow approximately **14 BUSINESS DAYS** from the date received for application processing and receipt of your Authorization to Test from Pearson. These **required** documents include the following:
- Application and Fees
 - Nursing Education Verification Form- must be sent **DIRECTLY** from nursing program (attached)
 - Official Transcripts (if applicable)
 - Testing Accommodation Form (if applicable)
 - Court Documents (if applicable)
 - Criminal history records check (if applicable)
- b) Processing delays occur when application information is missing or required documentation is not provided. A discrepancy email will be sent from the Board identifying the missing information/documents.
- c) Please refer to the resource document "Frequently Asked Questions about TPP, Exam and ATT" on the Board website.
- d) The ATT validity dates **CANNOT** be extended for **any** reason. If you have not tested in these dates you must reregister and repay the exam fee.
- e) Allow 30 days to receive exam results. Candidates who pass the exam will only have a license mailed and it can be verified at www.mylicense.state.pa.us. Candidates failing the exam are sent a Candidate Performance Report (CPR).

TESTING ACCOMMODATIONS

- Candidates requesting testing accommodations, must answer "**YES**" to the question on the exam application, submit a completed "Request for Accommodation Form", found on Board website and submit a copy of an evaluation completed by a licensed physician, psychologist, certified registered nurse practitioner, or physician assistant for the determination of accommodations dated within the last 5 years from the date of the application.

SOCIAL SECURITY NUMBER (SSN)

- A SSN must be provided on this application. If you do not have one complete a [Waiver of SSN Form](#).
- Disclosing your Social Security Number on this application is mandatory in order for the State Boards 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). At the request of the Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

REEXAM APPLICANT INSTRUCTIONS (Instate or Out-of State Applicants):

- Mail the completed application and fee to the Board.
- Register **at the same time** with Pearson VUE, an appointment can be scheduled **45** days from last test date.
- **IMPORTANT** If registration with Pearson VUE **does not** occur at the same time a Board reexam application is submitted, the applicant **MUST** notify the Board by email at: st-nurse@pa.gov of their registration so eligibility can be determined.
- **Accommodations:** If applying for reexam the same accommodation(s) will be granted unless there is a modification to the original request, this requires a new form and evaluation to be submitted.
- Reexam applicants previously answering **yes** to any Criminal/Disciplinary History questions must submit documentation that no additional actions have occurred. Any new actions must be accompanied by the documentation required as stated within the criminal/disciplinary history section below.

OUT-OF STATE PROGRAM GRADUATES APPLYING FOR LICENSURE BY EXAM AND/OR TPP:

- Request the nursing education program to submit an official transcript and NEV **directly** to the Board office
- The transcript **must** be in English and state the type of degree, certificate or diploma awarded, total credit or clock hours of education completed and the month, day and year the program was completed.
- Section 5 of the Practical Nurse Law (PN Law) and Section 21.158 of the Board regulations require that practical nursing programs consist of at least **1500** hours of instruction. **OUT-OF-STATE PRACTICAL NURSING PROGRAM GRADUATES:** Graduates attending practical nursing education programs with **less than 1500 clock hours** are required to show evidence of **additional** clock hours achieved by completing other nursing related course work or clinical experience to obtain the additional hours. A copy of the certificate(s) of completion is acceptable documentation. **If the coursework is documented in credit hours, please convert the credit hours to clock hours. Contact your course provider regarding this conversion.**

TEMPORARY PRACTICE PERMIT (TPP) INFORMATION:

- Applications for a Graduate TPP can be submitted during the 1 year period from completion of an approved nursing education program.
- The practice of nursing may begin after a TPP is issued by the Board. A TPP can be verified at www.mylicense.state.pa.us.
- The permit expires if the applicant fails the licensing exam. Employment must cease **IMMEDIATELY**.
- The graduate nurse who holds a TPP must practice under the supervision of an experienced, Pennsylvania registered nurse who is physically present in the unit or area where the graduate nurse is practicing.
- A TPP may be extended for up to 1 year under certain circumstances, by submitting the application found at www.dos.state.pa.us/nurse.
- If you decide to withdraw the application for TPP notify the Board office in writing of this request.

EXAM RESULTS:

- Exam results are mailed within 30 days of the test date.
- Candidates who PASS the exam are issued a license. A license can be verified at www.mylicense.state.pa.us.
- Candidates who FAIL the exam are sent a Candidate Performance Report (CPR) issued by the National Council of State Boards of Nursing. This report is **ONLY** intended to provide indications of a candidate's strengths and weaknesses. The NCLEX is not graded in sections, only overall performance on the exam determines pass/fail status.
- Additional information regarding the exam can be found at www.ncsbn.org.

ADDRESS OR NAME CHANGES:

- Applicant's legal name must be entered on the application.
- Licenses are not forwarded.
- Licensees are responsible to advise the Board of any address or name change within 10 days of the change.
- Complete and submit the "Form to Request Change Name &/or Address ..." located on the Board's website, whenever there is a change of name &/or address.

CRIMINAL/DISCIPLINARY HISTORY: If "Yes" was checked for any question in Section B, Submit:

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years dated within 6 months of the date the application. (Applicable ONLY to #B5 and #B6)
- Copies of criminal Court documents. (Applicable ONLY to #B5 and #B6)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B2, #B3 and #B4).

Requirement for approved training in child abuse recognition and reporting

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information](#) can be found here.

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APPLICATION FOR GRADUATE TEMPORARY PRACTICE PERMIT / EXAM / REEXAM

CHECK ALL ITEMS THAT APPLY: (ALL FEES ARE NONREFUNDABLE)

PA Program Graduates ONLY:

Graduate RN Permit (\$35.00) RN Initial Licensure Exam (\$35.00)

Graduate PN Permit (\$35.00) PN Initial Licensure Exam (\$35.00)

Out-of-State Program Graduates:

Graduate of an Out-of-State Program applying for Initial Licensure Exam (\$100.00) RN PN

Graduate of an Out-of-State Program applying for Permit (\$35.00) RN PN

Reexam RN Licensure (\$30.00) Reexam PN Licensure (\$30.00)

SECTION A: APPLICANT INFORMATION: (Print clearly in Blue or Black Ink Only.)

Name:

 Last First Middle Maiden

(List any other names you have used. If none enter "None")

Date of Birth:

_____/_____/_____
 Month Day Year

U.S. Social Security Number: _____

Address:

 Street

 City State Zip

(_____) _____
 Daytime Phone # Email Address:

SECTION B: CRIMINAL/DISCIPLINARY HISTORY: ANSWER THE FOLLOWING QUESTIONS:

		YES	NO
1.	Are you requesting testing with accommodations? Candidates requesting testing accommodations, must submit a completed Request for Accommodation Form , found on Board website		
2.	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.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	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?		

Name: _____

SSN: _____

		YES	NO
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
8.	If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		
9.	Have you ever had your DEA registration denied, revoked or restricted?		
10.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: PROFESSIONAL INFORMATION:

		YES	NO
1.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		

If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.

STATE / COUNTRY	PROFESSION

If necessary, please attach a page with additional licensure information.

Name: _____ SSN: _____

SECTION D: BASIC NURSING EDUCATION:

Type of Program Check One: RN _____ Degree: AD _____ BS _____ DIP _____ OTHER _____
PN _____ Name appearing on Transcript: _____ (Specify)

Full Name of Nursing Program (No abbreviations):

City _____ State _____

Program Completion Date: _____
Month Day Year

Note: Failure to complete all program requirements renders the applicant ineligible for Licensure, Temporary Practice Permit or the National Council Licensure Examination (NCLEX).

SECTION E: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application 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 under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made 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, certificate, permit or registration.

Applicant's Full Legal Signature _____ Date _____

PENNSYLVANIA STATE BOARD OF NURSING

1/2010

NURSING EDUCATION VERIFICATION FORM

This form is to be completed in its entirety by the Nurse Administrator of the Nursing Education program AFTER ALL PROGRAM REQUIREMENTS HAVE BEEN MET.

Note: If the Graduate is applying for both Graduate TPP and Exam, only 1 Nursing Education Verification Form is required.

TO BE COMPLETED BY THE NURSING EDUCATION PROGRAM ONLY

Student Name: _____ Date of Birth: _____ - _____ - _____
First Middle Last

Last 4 numbers of the student's social security # XXX-XX-_____

Nursing Education Program Name: _____

Program Location: City _____ State: _____

Program Code: _____ Type of Program: _____ (RN/PN)

Date student completed the nursing education program: _____ - _____ - _____ Award: _____ (MM/DD/YY) RN: BSN, ADN, Diploma, Other-indicate PN: Certificate, Diploma, Other-indicate

For Out-of-State Practical Nursing Education Programs Only:

If the program is NOT a Pennsylvania Nursing Education program, identify the following program hours:

Theory hours _____, Clinical hours _____, Total combined program hours _____, Program length in months: _____.

- (Note: All hours are to be reported as "clock" hours and must be reflected on the official transcript. Graduates attending practical nursing education programs with less than 1500 clock hours are required to show evidence of additional clock hours achieved by completing other nursing related course work or clinical experience to obtain the additional hours.)

I certify that all of the above information is correct. 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 sanctions of my license or certificate and/or disposition of civil penalties. 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.

X _____ Signature of Nurse Administrator

(Name stamp or electronic signature is not acceptable.)

[Seal of Program or Hospital]

Nurse Administrator Name: _____

If there is no seal for the school, attach affidavit.

Phone Number: (_____) _____

Date: _____ (Valid for one (1) year)

MAIL DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.

Mail Form To: PA State Board of Nursing P.O. Box 8411 Harrisburg, PA 17105-8411

Physical Address: PA State Board of Nursing 2601 North Third Street Harrisburg, PA 17110 (717) 783-7142