

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

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

**APPLICATION FOR LICENSURE BY EXAMINATION FOR INTERNATIONALLY EDUCATED GRADUATES NOT
LICENSED IN ANY OTHER JURISDICTION**

PLEASE READ THE INSTRUCTIONS CAREFULLY & RETAIN FOR REFERENCE

GENERAL INFORMATION:

- The practice of nursing in Pennsylvania (PA) without a valid PA Temporary Practice Permit (TPP) or license is illegal and prosecutable.
- If you hold or ever held a nursing license in any jurisdiction, **DO NOT PROCEED** with this application. You must apply for licensure by endorsement or licensure by endorsement with examination at www.pals.pa.gov.
- Applicants must have completed an approved nursing education program to be eligible for licensure in PA.
 - Completion of a registered nurse (RN) program or any part of an RN program is not acceptable for practical nurse (PN) licensure.
 - Section 5 of the Practical Nurse Law (PN Law) and Section 21.158 of the Board regulations require that PN programs consist of at least **1500** hours of instruction. Continuing education hours and work experience hours in the role of a LPN may be used to meet any deficient hours related to your program.
 - 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.**
 - Each hour worked as an LPN under a TPP or an LPN license in another state can be credited on an hourly basis. Acceptable documentation is limited to a letter received directly from your employer(s) verifying the dates of employment, the number of hours worked per week, and a brief description of the services provided as an LPN.

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the above address, ATTN: Examination Area.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- Social Security Numbers must be provided. *If a *Waiver of Social Security Number* form is submitted in lieu of a Social Security number, the form cannot be used to renew a license/certificate.
- Contact one of the Board-approved Foreign Credentials Evaluators to request appropriate information be sent directly to the Board of Nursing. A list of approved evaluators can be found at www.dos.pa.gov/nurse under General Information.
- Complete 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. A list of approved providers can be found at www.dos.pa.gov/nurse under Board Resources. The certificate of completion must be sent electronically from the provider to the Board of Nursing.
- Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The reports must be dated within 180 days of the date the application is submitted. If you have lived, worked, or completed professional training in more than one state, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside AND your FBI Identity History Summary Check, available at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.
*For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's. Request your CHRC and submit it to the Board.
- If your nursing education program was not conducted in English, you must provide the Board with evidence of English proficiency by achieving a passing score on one of the Board-approved exams. Information regarding English proficiency can be found at www.dos.pa.gov/nurse under General Information.

FEES:

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

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.

QUESTIONS: 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.
- Copies of criminal Court documents. (Applicable ONLY to #B5 and #B6)

Additional information:

- Application must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- When licenses are not issued within the one-year, new applications, including fees, must be submitted.
- To check to see if a license/ has been issued, visit www.pals.pa.gov/verify
- Register to take the NCLEX®-RN or NCLEX®-PN licensing exam with PearsonVue at www.pearsonvue.com/nclex.
 - The only method for registration and payment for NCLEX® examinations is via the PearsonVue website. Only credit or debit cards are accepted for payment. Please refer to the NCLEX® website to review any changes: <https://www.ncsbn.org/nclex.htm>.
 - Applicants who qualify under the *Americans with Disabilities Act* for accommodations to take the licensing exam must complete the *Request for Accommodations* form located at http://www.portal.state.pa.us.portal/server.pt/document/10104/requestforaccommodations_pdf.
- Once the application is complete and reviewed by the Board to assure compliance with PA requirements for licensure, the Board will send PearsonVue your eligibility to test. PearsonVue will then send you an Authorization to Test (ATT) e- mail.
 - The ATT is valid for 90 days.
 - Once you receive the ATT you may schedule the testing location and test date.
 - Check the ATT to ensure that it reflects your name as it appears on your ID, the correct authorization period, the exam you registered to take, and if applicable, your approved accommodations for testing.
 - 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.

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ALL FEES ARE NON-REFUNDABLE

Applying For:

Registered Nurse (RN) License (\$115.00)_____

Practical Nurse (PN) License (\$115.00) _____

SECTION A: APPLICANT INFORMATION: Print Clearly in Blue or Black Ink Only.

Name: _____
Last First Middle Maiden

List any other names you have used.

Date of Birth: _____ U.S. Social Security Number: _____
Month Day Year

Address: _____
Street

City State Zip Country

(_____) Email Address: _____
Daytime Phone #

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:

If you answer YES to any questions 2-10 below, you must submit complete details including a written explanation and copies of any relevant Board and/or legal documents.

		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.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
6.	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?		
7.	Have you ever had your DEA registration denied, revoked or restricted?		
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
10.	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: BASIC NURSING EDUCATION:

Type of Program: RN _____ PN _____

Degree awarded: AD _____ BS _____ Diploma _____ Certificate _____ Other (Specify) _____

List any other name(s) appearing on official documents. _____

Full Name of School of Nursing (No abbreviations):

Address of Program: _____
City State Country

Completion Date: _____
Month Day Year

Was this nursing education program conducted in English? Yes _____ No _____

**If your nursing education program was not conducted in English, you must provide the Board with evidence of English proficiency by achieving a passing score on one of the Board-approved exams. Information regarding English proficiency can be found at www.dos.pa.gov/nurse under General Information.

SECTION D: 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.

List all of the states in which you have lived or worked or completed professional training/studies in the last 10 years.

**Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The reports must be dated within 180 days of the date the application is submitted. If you have lived, worked, or completed professional training in more than one state, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

Note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for submission to the Board. Please obtain your FBI Identity History Summary Check, available at the link noted above.

SECTION F: 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 _____



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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's Signature

Date