

Application for Re-Examination

Notice: Application fee was increased on July 27, 2019.

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.
- To verify that a license was issued visit: www.pals.pa.gov/verify.
- 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.
- Applications are valid for one year from the date the affidavit is signed. When licenses/certificates are not issued within the one year, a new application, including fee, must be submitted.

HOW TO APPLY:

1. Submit the completed paper application and fee to the Board. The re-exam application is not available online.
 - Education verification is not required, as your education information has already been received
 - 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.
2. Pearson Vue Registration – Register and pay the required fee) to take the exam at www.pearsonvue.com/nclex. An email address is required to register. All correspondence from Pearson VUE will occur via email.
 - If you are not registered with Pearson VUE at the time the Board evaluates your application, you will receive a letter with instructions to register with Pearson Vue and to contact the Board via email after you have registered. **To avoid delays register immediately after submitting your application to the Board.**
 - **Candidates requesting testing accommodations** – You must answer “YES” to the question on the exam application.
 - Submit a completed “[Request for Accommodation Form](#)”, found on Board website along with a copy of an evaluation completed by a licensed physician, psychologist, certified registered nurse practitioner, physician assistant, optometrist, ophthalmologist or audiologist for the determination of accommodations dated within the last 5 years from the date of the application. 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.

Evaluation delays occur when application information is missing or required documentation is not provided. A discrepancy email/letter will be sent from the Board identifying the missing information/documents.

3. **Pearson Vue Sends ATT**– Once the evaluation is complete and you are deemed eligible to take the examination by the Board,
 - The ATT email from Pearson Vue 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. Information about acceptable identification is available at the following: <https://www.ncsbn.org/1221.htm>. Your Identification must have your correct legal name before you register with Pearson Vue
 - The ATT validity dates CANNOT be extended for any reason. If you have not tested by the expiration date, you must reregister and repay the exam fee.
 - A New appointment can be scheduled 45 days from last test date.

* 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 Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS 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.

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.pals.pa.gov/verify
- Candidates who FAIL the exam are sent a Candidate Performance Report (CPR) issued by the National Council of State Boards of Nursing.
- Additional information regarding the exam can be found at www.ncsbn.org.

FEES:

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

NAME / ADDRESS:

- Applicant's legal name must be entered on the application.
- Licensees are responsible to advise the Board of any address or name change within 14 days of the change.
- Licenses are not forwarded.

QUESTIONS: *If "Yes was checked for any question in Section B, Submit:*

- A detailed, signed and dated personal statement explaining the action, its background and any rehabilitation.
- Copies of criminal Court documents. (Applicable ONLY to #B5)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B2, #B3 and #B4).

REQUIREMENT FOR ACT 31 OF 2014 TRAINING:

- All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course. The approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

ENGLISH PROFICIENCY REQUIREMENT:

- 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 a Board-approved exam. A list of Board Approved English Proficiency Examinations are on our Board website www.dos.pa.gov/nurse under the link: General Board Information.
 - English Proficiency Test scores must be submitted directly to the Board from the testing agency.

CRIMINAL HISTORY RECORDS CHECK:

- Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. You will be notified if additional action is required. 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>.
 - Please 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 upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.

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

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

APPLICATION FOR RE-EXAMINATION

CHECK ALL ITEMS THAT APPLY: (ALL FEES ARE NON-REFUNDABLE)

Re-Exam Applicants:

_____ **Re-Exam RN Licensure (\$75.00)**

_____ **Re-Exam PN Licensure (\$75.00)**

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: _____ U.S. Social Security Number: _____
 Month Day Year

Address: _____
 Street

 City State Zip

() _____ Email Address: _____
 Daytime Phone #

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.	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: 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 Degree: AD _____ BS _____ DIP _____ OTHER _____

Check One: PN _____ Name appearing on Transcript: _____ (Specify)

Full Name of Nursing Program (No abbreviations):

City _____ State _____

Program Completion Date: _____
Month _____ Day _____ Year _____

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

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: CRIMINAL HISTORY RECORDS CHECK:

List all the states you have lived, worked, or completed professional training/studies for the past ten (10) years.

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 _____