Instructions for Exam/Graduate Temporary Practice Permit (TPP) Application

General Instructions:
The practice of nursing in Pennsylvania without a valid Pennsylvania TPP or license is illegal and prosecutable.

Complete and send the application to the Pennsylvania State Board of Nursing. Include the Fee(s) in the form of a personal check, cashier’s check or money order. Make fee payable to the “Commonwealth of Pennsylvania”. The fee is nonrefundable.

Multiple fees may be included in one payment. Do not send cash. Charge cards are not accepted. A check/money order drawn on a foreign bank is not acceptable unless “US funds” is identified on the check/money order.

A processing fee of $20.00 will be charged for a check/money order returned unpaid. Forms received without the correct fee cannot be evaluated and will be returned to the applicant.

The application must be received in the Board office within ninety (90) days from the date the application is signed. The application is valid for one (1) year from the date signed. The process must be completed within the one-year time frame or the applicant will be required to submit a new application and fee. It is the responsibility of the applicant to get all required documentation to the Board within the time frame.

Licenses are not forwarded. Provide your current address to receive correspondence from the Board. It is the applicant’s responsibility to inform the Board of an address or name change within ten (10) days after the change. Refer to the “REQUEST FOR CHANGE” form located on our website.

For applicants who answer yes to question(s) 1 and/or 2 of the Criminal/Disciplinary History questions; the Board requires a detailed personal statement, Court documents and a recent Criminal History Records Check (CHRC) from the Pennsylvania State Police (PSP). The CHRC must be dated within six (6) months of the date the application is submitted. Contact the PSP for instructions and fee at www.psp.state.pa.us. For out-of-state applicants, obtain a CHRC from the state where you are living. The CHRC must come from a State Law Enforcement Authority. Other documentation may be required later after review.

To verify if your license or permit has been issued go to www.mylicense.state.pa.us and click on License Verification.

For Graduate TPP:

1. You may apply for a Graduate TPP if you have completed an approved nursing education program in Pennsylvania or any other state of the U.S. less than one year ago and you have not taken the licensure exam. The TPP fee is the same for both PA and Out-of-State Graduates.

2. If you have ever taken the licensure exam for the same permit type requested, STOP, you cannot apply for a Graduate TPP. If you have passed the licensure exam in another state for the same permit type requested, you must submit an ENDORSEMENT application. If you failed the licensure exam for the same permit type requested, you are not eligible for a Graduate TPP.

3. The Nursing Education Program must complete the Nursing Education Verification Form and send it directly to the Board office.

4. Employment may begin after a TPP is issued by the Board of Nursing. 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 current and valid TPP may be extended for one (1) year by applying to the Board. The application for extension can be obtained from the Board’s web page www.dos.state.pa.us/nurse.
5. If the permit holder fails the first licensure exam, write “VOID” on the TPP and return to the Board office. Employment as a graduate nurse must cease immediately upon notification of exam failure.

6. A Pennsylvania TPP holder who takes the licensure exam in another state and wants to obtain PA licensure, must complete an Endorsement Application for Pennsylvania and submit it upon notification of licensure in the other state.

**For Initial Exam Applicants:**

1. If you were originally educated in a program outside the U.S., DO NOT complete this form. Contact the Board Office.

2. Submit the Pennsylvania Exam/TPP Application to the Board and register to take the licensure exam with PearsonVue. You may register online at www.vue.com/nclex, or call (866) 496-2539 or submit an NCLEX® Registration Form to NCLEX® Operations, PO Box 64950, St. Paul, MN 55164-0950.

3. When registering with PearsonVue for the licensure exam, it is recommended you also download an NCLEX® Examination Candidate Bulletin that will provide you with valuable information about test content and testing procedures.

4. The Nursing Education Program must complete the Nursing Education Verification Form and send it directly to the Board office. If the Program has closed, contact the school’s keeper of the records or registrar.

5. Applicants who qualify under the Americans with Disabilities Act for accommodation(s) to take the exam must complete the Request for Accommodations form located at www.dos.state.pa.us/nurse.

6. **After you have registered for the licensure exam with PearsonVue** and your application is processed by the Board, information regarding scheduling the licensure exam will be sent to you by PearsonVue along with the Authorization to Test (ATT). The ATT is valid for ninety (90) days and cannot be extended for any reason.

   Applicants should record the date, time and place of the scheduled licensure exam appointment on the bottom of the ATT form. Several days after the appointment is established, you may wish to confirm that it has been scheduled for the correct date, time and location.

7. Allow two (2) to thirty (30) days to receive official results of the licensure exam by mail.

8. If one (1) year has passed since program completion, you must submit an official transcript with the application. An official transcript must:

   ▪ Be sent directly to the Board from the program/school, which awarded the degree, certificate or diploma.

   ▪ Non-official transcripts, such as a student copy or student submitted copy, are not acceptable.

   ▪ Designate the degree, certificate or diploma awarded.

   ▪ Indicate the month, day and year the program was completed.

**For Out-of-State Graduates applying for Initial Exam:**

1. Follow the instructions for Initial Exam and have an Official Transcript sent to the Board. If the Program has closed, contact the school’s keeper of the records or registrar. (Refer to Item 8 above for transcript requirements.)

**For Reexams:**

1. Follow the instructions for Initial Exam. The “Nursing Education Verification Form” is not required for reexams. A minimum of forty-five (45) days must transpire before an unsuccessful candidate can be reexamined.

2. If one (1) year has passed since last exam date, you must submit an official transcript with the application. (Refer to Item 8 above for transcript requirements.)

3. If applying for reexam and requesting the same accommodation(s) as prior exam, indicate “yes” for accommodation(s) on the application. The same accommodation(s) will be granted. Any modifications to the original accommodation(s) request requires a new Request for Accommodations.

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APPLICATION FOR EXAM/GRADUATE TEMPORARY PRACTICE PERMIT

Graduates Applying For: (Check all that apply)

Graduate RN Permit ($35.00)  Graduate PN Permit ($35.00)  
RN Licensure Exam ($35.00)  PN Licensure Exam ($35.00)  
RN Licensure Reexam ($30.00)  PN Licensure Reexam ($30.00)  
Out-of-State Graduate Licensure Exam ($100.00)  RN  PN

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

( ) ________________________ Email Address: ________________________

Daytime Phone #

CRIMINAL/DISCIPLINARY HISTORY:

ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DUI/DWI, drug law violations, or are any criminal charges pending and unresolved against you in any state or jurisdiction?  

   YES**  NO

2. Have you ever been convicted* of any crime associated with alcohol or drugs in any court?  

   YES**  NO

3. 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 state or jurisdiction?  

   YES**  NO

4. Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?  

   YES**  NO

(*Convicted includes judgment, found guilty by a judge or jury, pleaded guilty or nolo contendere, received probation without verdict, disposition in lieu of trial or ARD.)

**If you answered yes to question(s) 1 and/or 2, attach a Criminal History Records Check (see General Instructions) and appropriate court documents with a detailed, signed and dated personal explanation OR if you answered yes to question(s) 3 and/or 4, attach appropriate licensing authority documents with a detailed, signed and dated personal explanation.

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Name: ___________________________    SSN: ___________________________

BASIC NURSING EDUCATION:

Type of Program:     RN _____     Degree:     AD _____ BS _____ DIP _____ OTHER ____________________

PN _____     Name appearing on Transcripts: ____________________ (Specify)

Full Name of School of Nursing (No abbreviations):

____________________________________________________________________________________

City __________________ State __________________

Completion Date: __________________________

Month __________ Day __________ Year __________

LICENSURE HISTORY:

Have you ever taken the RN Licensing Exam in any state? YES ______ NO ______

If yes, indicate state(s) ___________________________________________________________ and date(s) ____________________________

Have you ever taken the PN Licensing Exam in any state? YES ______ NO ______

If yes, indicate state(s) ___________________________________________________________ and date(s) ____________________________

Were you ever granted a Graduate TPP in Pennsylvania? YES ______ NO ______

If yes, Type: _________ Date: _________ Permit #: _____________________________

(RN/PN)

If applying for TPP only, will you be applying to PA for licensure by exam? YES ______ NO ______

EXAM APPLICANTS ONLY:

Are you requesting testing with accommodations? YES ______ NO ______

(If yes, complete and submit the “Request for Accommodations” form located at www.dos.state.pa.us/nurse.)

AFFIDAVIT: Read, sign and date.

By submitting this information I verify that I am of good moral character and, if requested, I shall furnish evidence satisfactory to the Board of Nursing. To the best of my knowledge and belief, this application contains no misrepresentation, falsification, omission or concealment 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, permit or certificate. 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. I have an ongoing responsibility to immediately report to the Board, in writing, any change(s) in information previously provided to the Board on my application. I understand it is my responsibility to know the legal requirements governing the practice of my profession and to remain knowledgeable regarding any changes in those requirements.

Applicant's Full Legal Signature ____________________________________________ Date ____________

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.

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