VERIFICATION OF EMPLOYMENT - TEMPORARY PERMIT FOR NURSE

INSTRUCTIONS:

1) *Complete your name and address in area marked.* ***Have employer in Hawaii sign the employer section.***
2) *Upon completion of this form, make a photocopy for employer's file.*
3) *In addition to filing the original of this form, submit:*
   a) *Completed application for license.*
   b) *Appropriate fees.*
   c) *Photocopy of current license in another U.S. state indicating expiration date of license; and*
   d) *Evidence of having requested "Verification of License" from your ORIGINAL state of licensure (such as the receipt of certified mail or a copy of the cancelled check to show fee paid to other board for such a service).*
   e) *Completion of the block below on "Temporary permit" form (applicant's name c/o employer's address). Upon approval, a temporary permit will be sent by the board to employer.*
4) *One permit/one employer only. No other permit will be issued. No exceptions to this policy will be made.*

NOTE: PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD. NO TEMPORARY PERMIT WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS AN ENCUMBERED LICENSE IN ANOTHER STATE.

Name of Nurse (First, Middle, Last)	Indicate date you submitted a completed application to the Board
Address of Nurse (Include Apt. No., City, State & Zip Code)	

NEXT SECTION FOR COMPLETION BY HAWAII EMPLOYER:

My signature confirms that I understand and agree to abide by the following responsibilities while the above-named person is working as a nurse under a temporary permit.

A. I will notify the board in writing immediately if employment is discontinued; if the services of this person are found unsatisfactory; or if this person reports a change of name or address.

B. I will not allow this person to continue employment as a nurse beyond the date of expiration of the temporary permit.

C. I understand that should the board receive verification that the requirements for a license are not met, the temporary permit shall become invalid immediately. Upon notification from the board of such action, I understand that the employment of this person as a nurse must be terminated immediately.

Date: _____ Signature: _____

Phone No.: _____ Print Name & Title: _____

Employment Start Date: _____ Name of Employer: _____

Address of Employer: _____

_____ Hawaii _____

City Zip Code

NSG-04 0511R

. . . . . **DO NOT DETACH** . . . . . .

TEMPORARY PERMIT - NURSE

INVALID UNLESS AFFIXED WITH THE SEAL OF THE BOARD OF NURSING AND SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD.

The applicant whose name and address appear below is hereby permitted to practice nursing as a: ☐ **REGISTERED NURSE** ☐ **PRACTICAL NURSE** until the expiration date shown. A second temporary permit will not be granted. This permit is valid for one employer only, who is named below.

TEMPORARY PERMIT NO. _____ **DATE ISSUED:** _____

BASIS OF ELIGIBILITY:

Holds a current out-of-state U.S. nursing license and is applying for a license through endorsement.

Type or Print Nurse Name, c/o Name & Address of Employer in Block Below:

_____

c/o _____

_____

_____

PERMIT EXPIRES UPON RECEIPT OF VERIFICATION OF LICENSE FROM ORIGINATING STATE, PROVIDED IT IS RECEIVED WITHIN THREE (3) MONTHS.

_____
Executive Officer, Board of Nursing

*This temporary permit is extended to the date below because of circumstances beyond applicant's control.

EXTENDED EXPIRATION DATE: _____

_____
Executive Officer, Board of Nursing

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

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(CONTINUED ON PAGE 2)

. . . . . **DO NOT DETACH** . . . . . .

CONDITIONS FOR GRANTING OF THIS TEMPORARY PERMIT:

Valid only for employer indicated and will be in effect until the expiration date shown; unless otherwise determined by the Board, should your employment be terminated before the expiration date, you are required to notify the Board in writing immediately and return this permit. Permit is non-renewable and a new permit for another employer will not be issued.

BOARD POLICIES - NURSE'S TEMPORARY PERMIT

1) Only ONE temporary permit will be issued.

2) The temporary permit may NOT be transferred to another employer.

3) The temporary permit may be cancelled prior to stated expiration date should Board determine license requirements are not met.

4) Temporary permit applications must be completed by a Hawaii employer only.

Print Form