APPLICATION FOR LICENSE (WITHOUT EXAM) - NURSE

Read the Instructions before completing this form.
Access this form via our website at: hawaii.gov/dcca/pvl

BOARD USE ONLY	
Approved: ☐ Initials/Date:	
Lic. No.	*Effective Date:*
Temp. No.	*Effective Date:*

Check type of LICENSE applying for: ☐ REGISTERED NURSE ☐ PRACTICAL NURSE

Legal Name (First, Middle)	(Last)
Residence Address (Include Apt. No., City, State and Zip Code)	
Mailing Address (**ONLY** if different from above)	

Other Names Used (Include maiden name):	U.S. Social Security No.	Phone No. (Daytime)

OTHER STATE LICENSES

Name of State	Type of License	License No.	Method of Licensure	Provide date "Verification of License" was requested
ORIGINAL U.S. State	☐ RN ☐ LPN		☐ NCLEX ☐ SBTPE ☐ State Exam ☐ Waiver of Exam	
Other State	☐ RN ☐ LPN		☐ NCLEX ☐ SBTPE ☐ State Exam ☐ Waiver of Exam	
Other State	☐ RN ☐ LPN		☐ NCLEX ☐ SBTPE ☐ State Exam ☐ Waiver of Exam	

Check answers. If response is "YES" to questions 3 to 5, provide a signed written statement explaining the circumstances and give details when required in addition to the documents requested below.

1. Are you at least 18 years of age? ..... ☐ Yes ☐ No

2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ Yes ☐ No

3. In the past 20 years, have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... ☐ Yes ☐ No
   If "YES", you are required by law to arrange to have certified court documentation on the date, place, violation for each conviction and fulfillment of conditions of each sentence sent directly to the Board.

4. Has any license ever been revoked, suspended, or otherwise subject to disciplinary action by the Hawaii State Board or another state board? ..... ☐ Yes ☐ No
   If "YES", you are required by law to arrange to have certified documents from each state in which disciplinary action was taken sent directly to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order, and whether you have been re-instated. If re-instated, date and conditions of license.)

5. Are you presently being investigated or is any disciplinary action pending against you? ..... ☐ Yes ☐ No
   If "YES", specify all states where action was or may be imposed. You are required to arrange to have certified documents from each state in which disciplinary action or investigation occurred or is pending against you sent directly to the Board.

NOTE: PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD. Failure to provide the requested information above will delay the processing of your application.

(CONTINUED ON PAGE 2)

App	433	$40
Lic.	436	$20
Center for Nurse	CFN	$40
CRF	439	$35/$70
1/2 Ren.	430	$10
Service Charge	BCF	$25

Name of Nurse: _____

6. Have you ever held this type of nursing license in Hawaii? ..... ☐ Yes ☐ No

a) If "YES", are you re-applying for a license? ..... ☐ Yes ☐ No

Provide your license number: _____ and date license was issued: _____

b) Have you actively practiced nursing in Hawaii or any other State in the U.S. or U.S. territory **within the past 5 years?** ..... ☐ Yes ☐ No

If "YES", provide a copy of license. If "NO", see Notice regarding Act 30 on page 3.

EDUCATION	Name and Location (city/state)	Degree Earned	Dates (mo/yr)	
			From	To
	Nursing School			
	Advanced Training			

APPLICANTS REQUESTING TEMPORARY PERMIT ONLY:

- Do you hold a current U.S. nursing license in another state? ..... ☐ Yes ☐ No
- Have you attached a photocopy of your current U.S. nursing license? ..... ☐ Yes ☐ No
- Have you indicated the date you requested your verification from your original state? ..... ☐ Yes ☐ No
- Have you attached a completed **original** *"Verification of Employment"* form signed by a Hawaii employer? ..... ☐ Yes ☐ No
  (NOTE: A temporary permit will not be issued without this)
- Do you understand that one (1) temporary permit is issued by law and cannot be reissued in care of another employer; and will be invalidated should the completed *"Verification of License"* form or NURSYS verification indicate that you do not meet minimum license requirements? ..... ☐ Yes ☐ No

If all questions answered "YES", are you applying for a temporary license? ..... ☐ Yes ☐ No

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 457-12, Hawaii Revised Statutes.)

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 457 and 436B and Hawaii Administrative Rules, Chapter 89.

_____ Signature of Applicant _____ Date

Release of Information to Third Party:
To assist me in the licensing process, I authorize the BON and staff to release any and all information regarding my application (including but not limited to, application status) to:

Name of Individual who is assisting you: _____

Name of Organization: _____

Address of Organization: _____

_____

Print Form

_____ Signature of Applicant _____ Date

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.