

APPLICATION FOR 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 by Endorsement application.
 - b) Appropriate fees (\$50.00).
 - c) Verification of current license in another U.S. state indicating expiration date of license; and
- 4) Upon approval, a temporary permit will be sent by the board directly to the employer.
- 5) 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 nurse license by endorsement 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: _____
Employer's Phone No.: _____	Print Name & Title: _____
Employer's Fax No.: _____	Name of Employer: _____
Employer's Email Address: _____	Address of Employer: _____
Employment Start Date: _____	_____ Hawaii _____ City Zip Code

NSG-04 0617R

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.

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.

..... **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** until the
 PRACTICAL NURSE
expiration date shown. A second temporary permit will not be granted. This permit is valid for one employer only, who is named below.

BASIS OF ELIGIBILITY:

Holds a current and unencumbered 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 _____

TEMPORARY PERMIT NO.

DATE ISSUED:

EXPIRATION DATE: _____

Executive Officer, Board of Nursing