

**LIST OF NURSES FOR EMERGENCY TEMPORARY PERMIT**

Pursuant to Hawaii Administrative Rules § 16-89-22.4 and notwithstanding any law to the contrary, a nurse may be authorized to temporarily practice in the State upon submission by a health care entity meeting certain requirements.

In order to receive temporary authorization, a health care entity shall submit to the Department of Commerce and Consumer Affairs (“DCCA”) a list containing the names of each nurse, identification of the state, territory, or country where the nurse holds a license, the nurse’s license number, the nurse’s residential address, and the nurse’s email address.

For purposes of this section, “health care entity” means those entities listed in section 321-11(10), Hawaii Revised Statutes.

Name of Nurse	State, territory or Country where nurse holds a license	Nurse’s license number	Nurse’s residence address	Nurse’s email address

Name of health care entity: \_\_\_\_\_

Print name of person signing on behalf of health care entity who is verifying that:

- (1) The nurse holds a current and active nursing license in another state, territory, or country;
- (2) The nurse’s license, in all jurisdictions in which a license is held, has not been encumbered;
- (3) There are no liability/malpractice insurance claims or pending lawsuits against the nurse;
- (4) The nurse will be practicing at a health care entity in Hawaii; and
- (5) The health care entity shall be responsible for the actions or inactions of the nurse.

I also understand that the authorization to temporarily practice shall be valid for 90 days after the date of the confirmation received from the DCCA.

Print name of individual: \_\_\_\_\_

Signature of above mentioned individual: \_\_\_\_\_ Date: \_\_\_\_\_

Upon receipt of the signed verification from the health care entity, the DCCA may provide confirmation within 36-48 hours, that the verification required by this section to temporarily practice was received.

Please be advised that any missing information may disqualify a nurse from practicing under these emergency rules.

Please submit your completed form, via email, to the Hawaii Board of Nursing at: [nursing@dcca.hawaii.gov](mailto:nursing@dcca.hawaii.gov).