

INSTRUCTIONS FOR TEMPORARY NURSING PERMITS - LPNs and RNs

You are only eligible for a Temporary Permit if:

1. You are at least 18 years old; AND
2. You are a U.S. citizen, U.S. national, or an alien authorized to work in the U.S.; AND
3. You are seeking a temporary permit to practice as an LPN or RN, as Hawaii does not offer temporary permits to practice as an APRN; AND
4. You have a valid and unencumbered LPN or RN license in another state, territory, or country; AND
5. No disciplinary action is pending/has been taken by a nursing authority against any of your nursing licenses; AND
6. You have been appointed or accepted employment with a single health care entity in the State, as defined by Hawaii Revised Statutes Section 321-11(10).

What do I need to submit to apply for a Temporary Permit?

1. A completed application form, including certification from your Hawaii employer;
2. If you hold a multistate license in another state or territory, then a Nursys verification report;
3. If you do not hold a multistate license in another state or territory, then either:
 - a. A Nursys verification report; OR
 - b. A license verification showing a valid and unencumbered license in another state, territory, or country;
4. \$50 fee, as set by Hawaii Administrative Rules 16-53-27(5). This fee can be paid either by mailed check payable to "Department of Commerce and Consumer Affairs" or online on MyPVL (only for applicants applying online). See the next page for more information on how to pay the permit fee.

Can I apply for an LPN or RN license and a Temporary Permit at the same time?

Yes. You will be required to pay fees for both the temporary permit and licensure by endorsement. Please be advised that the requirements for a temporary permit and a license are different. Carefully review the instructions included with the application for licensure by endorsement.

Does my Hawaii employer have any obligations related to my Temporary Permit?

Your Hawaii employer must provide a signed certification confirming your employment at the time you apply. Your employer may sign the certification form included with the temporary permit application, or provide a signed, letterheaded letter confirming your employer. Additionally, your employer must contact our Department via mail or email (nursing@dcca.hawaii.gov) at the time that your employment ends/in the event that your employment is terminated.

How do I apply for a Temporary Permit? Where do I send my application documents?

You can apply for a temporary permit online at MyPVL: <https://mypvl.dcca.hawaii.gov/>

Your completed application and supporting documents can be uploaded to your MyPVL account. Electronic payment of the \$50 permit fee can be submitted through MyPVL as well.

Alternatively, you can mail your completed application, documents, and payment (\$50 check only, made payable to “Department of Commerce and Consumer Affairs”) to the following address:

Hawaii Board of Nursing
P.O. Box 3469
Honolulu, HI 96801

Lastly, you may email any supporting documentation or questions to nursing@dcca.hawaii.gov. Do not email applications to this email address, as we do not accept applications via email.

How do I obtain a Nursys verification report?

Go to www.nursys.com and order a Nursys verification report, then email nursing@dcca.hawaii.gov once the report has been ordered. Please be advised that we do not accept Nursys QuickConfirm Verifications.

What is the status of my application?

If you applied online via MyPVL, you may check the status of your application by logging into your MyPVL account. If your application is incomplete, then a deficiency notice will be sent to the email address that you provided in your application. Please check your inbox, spam, and junk folders for this message, which will explain the items we need to complete your application. Once your temporary permit is granted, you will also receive an email notice.

How long is a Temporary Permit valid for?

A temporary permit is valid for six months from the date of issuance.

I am accompanying an out-of-state patient(s) to Hawaii for less than two weeks. Do I still need to apply for a Temporary Permit?

If you are accompanying a patient or patients from out of state into Hawaii for less than two weeks and you are not employed by or affiliated with a health care entity in the State, then you are not required to apply for a temporary permit.

APPLICATION FOR TEMPORARY PERMIT – NURSE

Access this form via website: cca.hawaii.gov/pvl

Check type of Nurse permit you are applying for:

- REGISTERED NURSE PRACTICAL NURSE

Read attached instructions before filing.

APPLICANT	Legal Name (First-Middle)	(Last)	FOR OFFICE USE	Approved	Initials/Date	
	Other Names Used (include maiden name):			Eff Date:	Temp Permit No. -	
	Residence Address (Include Apt. No., City, State and Zip Code)			Expiration Date:		
	Mailing Address (ONLY if different from above)			NURSISYS verification: (or license verification)		
	Social Security No.			Date of Birth:		
	Check answers; and explain when required: 1. Are you at least 18 years old?..... <input type="checkbox"/> Yes <input type="checkbox"/> NO 2. Have you ever applied for or held a nurse license in Hawaii?..... <input type="checkbox"/> Yes <input type="checkbox"/> NO 3. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?..... <input type="checkbox"/> Yes <input type="checkbox"/> NO 4. Do you currently hold a valid and unencumbered nurse license in another state, territory, or foreign county or a multi-state license: <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, date _____, License no. _____ 5. Has any license, permit, or registration you held ever been revoked, suspended, or otherwise been subject to disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, jurisdiction _____, License no. _____ 6. Is any disciplinary action pending or are any licenses being investigated?..... <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(If response is "YES" to questions 5 and/or 6, attach a signed explanation and all documents relating to the discipline/investigation).</i>			Phone No. (Daytime):		

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 the following:

Name of Individual Assisting You _____

Email Address of Individual Assisting You _____

Name of Organization Assisting You _____

Address of Organization Assisting You _____

Certification of Applicant:

I hereby certify that the statements, answers, and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes Chapter 457 and Hawaii Administrative Rules Chapter 16-89.

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.

Permit 437..... \$50

Service Fee BCF..... \$25

APPLICATION FOR TEMPORARY PERMIT – NURSE EMPLOYER CERTIFICATION FORM

I, Agent for the Hawaii Health Care Entity named below, certify that the Temporary Permit Applicant named below will be employed by the Hawaii Health Care Entity on the Employment Start Date listed below or upon issuance of a temporary permit, whichever is later. I further certify that it is my responsibility to notify the Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division, in writing if the Temporary Permit Applicant leaves the employ of the Hawaii Health Care Entity.

Name of Temporary Permit Applicant _____

Employment Start Date _____

Name of Hawaii Health Care Entity _____

Address of Hawaii Health Care Entity _____

Agent for Hawaii Health Care
Entity (Print Your Name) _____

Agent's Position/Title at
Hawaii Health Care Entity _____

Email Address of Hawaii Health Care Entity _____

Signature of Hawaii Health Care Entity Agent

Date