

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