

REQUIREMENTS FOR LICENSURE – COMBINED TEMPORARY PERMIT + LICENSE BY ENDORSEMENT FOR LICENSED PRACTICAL NURSES AND REGISTERED NURSES

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

READ BEFORE YOU APPLY:

The legal requirements for a temporary permit and license by endorsement are different. To obtain a temporary permit AND a license by endorsement, you must meet the requirements for BOTH. Even if you apply by mistake and are not eligible for a temporary permit or license by endorsement, YOUR FEE IS NONREFUNDABLE.

You are NOT eligible for a temporary permit UNLESS you have been appointed or accepted employment with a single healthcare entity in the State of Hawaii, as defined by Hawaii Revised Statutes 321-11(10).

The temporary permit is NOT for military members or military spouses. For more information on the temporary military spouse license, see: https://cca.hawaii.gov/pvl/boards/nursing/application_publications/

THE LAW

In 2024, the Legislature established a new licensure pathway for nurses, allowing out-of-state registered nurses or licensed practical nurses to apply simultaneously for a temporary nursing permit and a license by endorsement within a single application, for a single nonrefundable fee (see Act 95, SLH 2024). This pathway allows an applicant to obtain a temporary nursing permit while continuing to work on an application for full licensure.

If granted, a temporary permit is valid until the applicant obtains a full license, but no longer than one year from the date of issuance.

PART 1: TEMPORARY PERMIT REQUIREMENTS

You must meet the following requirements to qualify for a temporary permit:

1. You are at least 18 years old;
2. You are a U.S. citizen, U.S. national, or an alien authorized to work in the U.S.;
3. 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);
4. You have a valid and unencumbered LPN or RN license in another state, territory, or country;
5. No disciplinary action is pending/has been taken by a nursing authority against any of your nursing licenses.

PART 2: LICENSE BY ENDORSEMENT REQUIREMENTS

You must meet the following requirements to qualify for a license by endorsement:

1. You are at least 18 years old;
2. You are a U.S. citizen, U.S. national, or an alien authorized to work in the U.S.;
3. You have a U.S. Social Security Number;
4. You are currently licensed as an LPN or RN under the laws of another state, territory, or foreign country, and all of your licenses are unencumbered;

5. You graduated from an approved nursing program, subject to Hawaii Administrative Rules ("HAR") 16-89-17 and HAR 16-89-18;
6. You have already passed:
 - a. The NCLEX-PN if you are applying for an LPN license by endorsement;
 - b. The NCLEX-RN if you are applying for an RN license by endorsement;
 - c. The State Board Test Pool Exam (Canadian provinces only); or
 - d. A state board licensing examination in another jurisdiction of the United States prior to the inception of the SBTPE in that jurisdiction.

INSTRUCTIONS FOR FILING

APPLICATION

1. Use the online fillable form or print legibly in BLACK ink.
2. Answer all questions. If an item/question is not applicable to you, please indicate that it is not applicable with "N/A".
3. Sign and date the application.
4. Prepare your fees and required documents to submit with your application.

FEES

Your **nonrefundable** fee is set by Hawaii Administrative Rules 16-53-27(5) and covers both your temporary permit and license by endorsement. This fee can be paid either by check payable to "Commerce and Consumer Affairs" (in U.S. dollars from a U.S. financial institution) or online via MyPVL (only for applicants applying online). **This fee is nonrefundable even if you are not granted a temporary permit or license, do not qualify for a temporary permit or license, or apply by mistake.**

If your temporary permit is issued between July 1, 2025 to June 30, 2026, the fee is **\$304.00**.

If your temporary permit is issued between July 1, 2026 to June 30, 2027, the fee is **\$236.00**.

PART 1: TEMPORARY PERMIT REQUIRED DOCUMENTS

1. A completed "COMBINED TEMPORARY PERMIT + LICENSE BY ENDORSEMENT - LICENSED PRACTICAL NURSES AND REGISTERED NURSES" application form, in which you checked the box titled "I wish to apply simultaneously for a Temporary Permit and I agree to pay the higher nonrefundable fee";
2. Certification from your Hawaii employer, **submitted to us directly from your employer** via either mail or email to nursing@dcca.hawaii.gov. Your employer must use the form included at the end of this application or provide us with a signed, letterheaded letter confirming your employment and start date. **Employer signatures must be hand signatures or digital signatures (i.e. DocuSign), NOT typed signatures (i.e. "/s/ John Smith"). We will NOT accept employer certifications provided by the applicant;**
3. If you hold a multistate license in another state or territory, then a Nursys verification report;
4. 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.

**PART 2: LICENSE
BY
ENDORSEMENT
REQUIRED
DOCUMENTS**

1. A completed “COMBINED TEMPORARY PERMIT + LICENSE BY ENDORSEMENT - LICENSED PRACTICAL NURSES AND REGISTERED NURSES” form;
2. Fingerprinting for your criminal history record check through <http://fieldprinthawaii.com>, using the code **FPHIBrdNursing** (not case sensitive). Other fingerprinting methods are NOT acceptable (see the Criminal History Record Check section below for more info);
3. A certified self-query report from the National Practitioner Data Bank (“NPDB”). For more info, see the section below titled **National Practitioner Data Bank Self-Query Report**
4. Verification of all your licenses, whether current or expired, completed by the originating state board, via:
 - a. A license verification through Nursys via www.nursys.com (Nursys QuickConfirm Reports are NOT acceptable); or
 - b. If your license jurisdiction does not use Nursys, that jurisdiction must provide us with a license verification;
5. If you answer “yes” to questions (3), (4), (5), or (6b) on the application, further documents are required. For more info, see the section below titled “**Yes” Answer to Application Questions (3), (4), (5), or (6b).**

**CRIMINAL HISTORY
RECORD CHECK**

All applicants for licensure by endorsement are required to submit to an FBI fingerprint check through the Hawaii Criminal Justice Data Center (“HCJDC”). To obtain an FBI National Criminal History Record Check and State of Hawaii Criminal History Record Check, go to <http://fieldprinthawaii.com> to set up an appointment at a Fieldprint Inc. location within the U.S.

You must use the Fieldprint code **FPHIBrdNursing** (not case sensitive) when making an appointment and designate the Hawaii Board of Nursing as the agency, or else we will not be able to retrieve your results and you will be required to get refingerprinted and pay another fee. You are required to bear the cost of the fingerprint processing. All fingerprinting fees shall be paid directly to Fieldprint.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You can complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update to an FBI identification record is set forth in Title 28, CFR, 16.34.

Applicants Outside the U.S.: If you live outside of the U.S. and do not have access to a Fieldprint location, please submit an application to us along with a written request for a mailed fingerprint card. Please provide us with an address to send the fingerprint card packet.

**NATIONAL
PRACTITIONER
DATA BANK
SELF-QUERY
REPORT**

To obtain an NPDB self-query report, go to the NPDB website at www.npdb.hrsa.gov and order a Self-Query, or call NPDB at the number listed on their website. The Board of Nursing will accept either the digital PDF report or the ORIGINAL hard copy self-query report mailed to us in a STILL SEALED envelope from the NPDB.

If you upload a PDF self-query report to MyPVL or email us a digital PDF self-query report at nursing@dcca.hawaii.gov, please ensure that the PDF report is certified. This is indicated by a blue certification bar at the top of report upon opening the PDF. You may need to use the latest version of Adobe Acrobat Reader to view the certification bar. Copies/screenshots/photos of the self-query report or URL links to the self-query report are NOT acceptable.

**“YES” ANSWER
TO APPLICATION
QUESTIONS (3),
(4), (5), OR (6b)**

If you answer “yes” to question (3) regarding a prior conviction, you must provide:

1. A signed statement explaining the circumstances of your conviction;
2. Copies of any related court documents (i.e. indictments, judgments, guilty pleas, verdicts, terms of sentence), and if applicable, proof that you have paid any applicable fines and met any applicable terms of the conviction.

If you answer “yes” to question (4) regarding a past disciplinary action from the Hawaii State Board or another state board against your licensure, you must provide:

1. A signed statement explaining the circumstances of your discipline;
2. Copies of any documents from the disciplining authority, including final orders, petitions, complaints, findings of fact, settlement agreements, and any other relevant documents.

If you answer “yes” to question (5) regarding a pending investigation or disciplinary action from the Hawaii State Board or another state board against your licensure, you must provide:

1. A signed statement explaining the circumstances of your pending investigation/disciplinary action;
2. Copies of any documents from the disciplining authority, including orders, petitions, complaints, findings of fact, settlement agreements, and any other relevant documents.

If you answer “yes” to question (6b) relating to not practicing nursing in the U.S. or a U.S. territory within the past 5 years, you must provide a signed statement explaining why you answered “no” to this question.

**RELEASE OF
INFORMATION
TO THIRD PARTY**

If any agency or individual is assisting you with the application process, we will not be able to release any information to them about your application unless you provide us with authorization. If you wish to do so, please complete the portion of the application titled “Release of Information to Third Party” and sign and date it.

**SUBMIT YOUR
APPLICATION**

Submit your application, payment, and required documents for your temporary permit and license by endorsement via mail, deliver your application documents in-person to our offices, or submit your application via our online platform, MyPVL. **We do not accept applications via email.**

<u>Mailing address:</u> Board of Nursing P.O. Box 3469 Honolulu, HI 96801	<u>Deliver to our office:</u> 335 Merchant St., Rm. 301 Honolulu, HI 96813	<u>MyPVL website:</u> https://mypvl.dcca.hawaii.gov/
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GENERAL INFORMATION

LAWS & RULES

Your application and licensure are governed by HRS Section 436B, HRS Section 457, and HAR Chapter 16-89. Copies of these laws and rules are available on our website at <https://cca.hawaii.gov/pvl/boards/nursing/> and can also be requested via written request mailed to Board of Nursing, P.O. Box 3469, Honolulu, HI 96801.

CHANGES TO REQUIREMENTS

Applicants are subject to requirements in effect at the time of filing.

APPLICATION EXPIRATION

All applications are valid for 1 year from the date they are received by our Department. If the application is not completed within that timeframe, then the application will be terminated and you will be required to pay new fees and start your application anew.

LICENSE EXPIRATION AND RENEWAL

All nurse licenses expire on June 30 of every odd-numbered year (2027, 2029, 2031) and must be renewed before that date. For example, a nurse who obtains a license on June 25, 2027 is still required to renew that license before June 30, 2027. To renew your license, you must pay the renewal fee and meet our continuing competency requirements.

For more information on renewals, visit <https://cca.hawaii.gov/pvl/boards/nursing/>

If you are applying for a combined temporary permit + license by endorsement, and you obtain a temporary permit, then your temporary permit shall be valid until the Board approves your application for licensure, but no longer than one year from the date that the permit was issued.

INACTIVE STATUS

If you do not intend to practice nursing in Hawaii, you may move your license to inactive status to pay reduced renewal fees. A licensee with an inactive nurse license may not practice nursing. To obtain an inactivation application, please submit a signed request via mail to Board of Nursing, P.O. Box 3469, Honolulu, HI 96801, or via email to nursing@dcca.hawaii.gov.

To reactivate your license, request a reactivation license via mail to Board of Nursing, P.O. Box 3469, Honolulu, HI 96801, or via email to nursing@dcca.hawaii.gov. You will be required to pay the appropriate fees and comply with the Criminal Background Check fingerprinting requirement if you have not done so before. Additionally, if you have not practiced nursing within the U.S. or a U.S. territory within the last 5 years, you may be required to either retake the NCLEX or complete a Board-approved refresher course to demonstrate competency.

FREQUENTLY ASKED QUESTIONS

1. What is the status of my application?

If you submitted your application online through MyPVL, you may check the status of your application online via MyPVL.

If you submit an incomplete application, a deficiency notice will be sent to your on-file email address. This deficiency notice will explain what documents still need to be submitted to qualify for a temporary permit and/or license by endorsement. Please check your inbox/spam/junk folders for this email.

2. How do I submit further documents towards my application?

If you already submitted an application via mail or online via MyPVL, you may submit further application documents via mail, in-person delivery to our office, or email:

<u>Mailing address:</u> Board of Nursing P.O. Box 3469 Honolulu, HI 96801	<u>Deliver to our office:</u> 335 Merchant St., Rm. 301 Honolulu, HI 96813	<u>Email address:</u> nursing@dcca.hawaii.gov
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3. Can I use my Temporary Permit to work for more than one Hawaii health care entity?

No. A temporary permit is only valid for employment with a single Hawaii health care entity, which is the employer that submitted your Employer Certification Form. You may not submit multiple Employer Certification Forms towards a single temporary permit. If you obtain a new employer, you will be required to obtain a new temporary permit.

4. Can I apply for a Temporary Permit alone, without applying for a full License By Endorsement?

Yes. A standalone temporary permit is valid for up to 6 months. If you wish to apply only for a temporary permit and not a license to practice, do NOT use the below application. Instead, submit the temporary permit application, which can be found on https://cca.hawaii.gov/pvl/boards/nursing/application_publications/

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

Your Hawaii employer must provide us with a signed certification confirming your employment at the time you apply. Your employer may sign the Employment Certification Form at the end of the application below or provide us with a signed, letterheaded letter confirming your employer and employment start date. Employer signatures must be hand signatures or digital signatures (i.e. Docusign), NOT typed signatures (i.e. "/s/ John Smith"). Additionally, your employer must notify 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.

6. 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 or a License?

Hawaii Revised Statutes Section 457-13(6) provides a licensure exemption for "The practice of nursing by a nurse licensed in another state, territory, or country who is accompanying a patient or patients from out of state for less than two weeks and who is not employed by or affiliated with a health care entity in the State." If this is applicable to you, then you do not need a Hawaii nurse license to practice nursing in Hawaii for a timeframe of less than two weeks.

APPLICATION FOR COMBINED TEMPORARY PERMIT + LICENSE BY ENDORSEMENT - LICENSED PRACTICAL NURSES AND REGISTERED NURSES

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

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

☐ I want to apply simultaneously for a Temporary Permit and I agree to pay the higher
nonrefundable fee

• Provide date you were fingerprinted to obtain the national (FBI) and State
Criminal History Record Check. Date: _____

Legal Name (First, Middle): _____ (Last): _____

Other Names Used (Include maiden name): _____

Residence Address (Include Apt. No., City, State and Zip Code): _____

Mailing Address (ONLY if different from above): _____

U.S. Social Security No.: _____

Date of Birth: _____

Personal Email Address: _____

Phone No. (Daytime): _____

You may attach additional sheet as needed.

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	<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> NCLEX <input type="checkbox"/> SBTPE <input type="checkbox"/> State Exam <input type="checkbox"/> Waiver of Exam	
	Other State	<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> NCLEX <input type="checkbox"/> SBTPE <input type="checkbox"/> State Exam <input type="checkbox"/> Waiver of Exam	
	Other State	<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> NCLEX <input type="checkbox"/> SBTPE <input type="checkbox"/> State Exam <input type="checkbox"/> 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.

- Are you at least 18 years of age? ☐ Yes ☐ No
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ☐ Yes ☐ No
- Have you ever been convicted of a crime in any jurisdiction that 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.
- 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.)

(CONTINUED ON PAGE 2)

App	433	\$40
Lic.	436	\$36
Temp Permit.....	437	\$50
Center for Nurse...	CFN	\$60
CRF.....	439	\$50/\$100
1/2 Ren.....	430	\$18
Service Charge.....	BCF	\$25

BOARD USE ONLY

Approved: <input type="checkbox"/> Initials/Date: _____	
Lic. No. _____	Effective Date: _____
CBC: <input type="checkbox"/>	EO: <input type="checkbox"/>
Temp. No. _____	Effective Date: _____

Print Name of Nurse: _____

Date: _____

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 ANNULLED OR EXPUNGED, MUST BE REVIEWED BY THE BOARD. Failure to provide the requested information above will delay the processing of your application.

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", you may be required to submit proof of continued competency by retaking and passing the NCLEX or complete continuing education recognized by the Board.

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

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

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.

I hereby certify that I will authorize the Board of Nursing to provide my email to the Hawaii State Center for Nursing (HSCN) to collect and analyze workforce data. The HSCN will handle my information in a secure and confidential manner and my email will not be shared without my authorization.

Signature of Applicant

Date

Print Name of Nurse: _____

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 the following:

Name of Individual who is assisting you: _____

Name of Organization: _____

Address of Organization: _____

Signature of Applicant

Date



APPLICATION FOR TEMPORARY PERMIT – NURSE EMPLOYER CERTIFICATION FORM

READ CAREFULLY: This form must be submitted **by the employer** to the Hawaii Board of Nursing via email (nursing@dcca.hawaii.gov) or mail (Board of Nursing, P.O. Box 3469, Honolulu, HI 96801). Employer signatures must be hand signatures or digital signatures (i.e. DocuSign), NOT typed signatures (i.e. "/s/ John Smith"). **We will NOT accept employer certifications provided by the applicant.**

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