

**TEXAS BOARD OF NURSING**  
333 Guadalupe, Suite 3-460 · Austin, TX 78701 · APRN Office: 512-305-6843

**APPLICATION FOR SIX MONTH TEMPORARY PERMIT FOR AN ADVANCED PRACTICE REGISTERED NURSE  
TO COMPLETE SUPERVISED PRACTICE HOURS, A REFRESHER COURSE/ORIENTATION, OR A REQUIRED ACADEMIC COURSE**

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Previous Names Used		Email Address	
Date of Birth	Social Security Number	RN License Number	RN License State

Have you ever held a Texas APRN license?  Yes  No If yes, please provide your Texas APRN license number \_\_\_\_\_

A six month temporary APRN permit may be issued for one of the following purposes: (i) obtaining 400 hours of practice in the APRN's role and population focus area under direct supervision, because the APRN has not completed 400 hours of practice in the APRN's role and population focus area within the last 24 months; (ii) completing a course in advanced assessment, advanced pathophysiology, or advanced pharmacotherapeutics to meet initial APRN licensure requirements; or (iii) completing a refresher course/extensive orientation because the APRN has not practiced in the APRN's role and population focus area within the last four years. Please identify the basis for your request for a six month temporary APRN permit:

- \_\_\_\_\_ Completion of 400 hours of practice in the APRN role and population focus area
- \_\_\_\_\_ Completion of one academic course in advanced assessment, advanced pathophysiology, or pharmacotherapeutics
- \_\_\_\_\_ Completion of a refresher course/extensive orientation

Please specify the last time you practiced as an advanced practice registered nurse (month and year) \_\_\_\_\_

Please identify the APRN role and population focus area of licensure for which you are applying for this permit [See Rule 221.2(a)]:

- |                                                            |                                                       |                                                        |
|------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Nurse Anesthetist                 | <input type="checkbox"/> Neonatal NP                  | <input type="checkbox"/> Adult/Gerontology CNS         |
| <input type="checkbox"/> Nurse-Midwife                     | <input type="checkbox"/> Pediatric Acute Care NP      | <input type="checkbox"/> Adult Health CNS              |
| <input type="checkbox"/> Adult/Gerontology Acute Care NP   | <input type="checkbox"/> Pediatric Primary Care NP    | <input type="checkbox"/> Neonatal CNS                  |
| <input type="checkbox"/> Adult/Gerontology Primary Care NP | <input type="checkbox"/> Psychiatric/Mental Health NP | <input type="checkbox"/> Pediatric CNS                 |
| <input type="checkbox"/> Adult Acute Care NP               | <input type="checkbox"/> Women's Health NP            | <input type="checkbox"/> Psychiatric/Mental Health CNS |
| <input type="checkbox"/> Adult Primary Care NP             | <input type="checkbox"/> Other NP Title _____         | <input type="checkbox"/> Other CNS Title _____         |
| <input type="checkbox"/> Family NP                         |                                                       |                                                        |

Do you hold current national certification in the APRN role and population focus indicated above? (if so, include copy)  Yes  No

**ELIGIBILITY QUESTIONS**

- Yes  No \*For any criminal offense, including those pending appeal, have you:
- A. been arrested and have a pending criminal charge?
  - B. been convicted of a misdemeanor?
  - C. been convicted of a felony?
  - D. pled nolo contendere, no contest, or guilty?
  - E. received deferred adjudication?
  - F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
  - G. been sentenced to serve jail, prison time or court-ordered confinement?
  - H. been granted pre-trial diversion?
  - I. been cited or charged with any violation of the law?
  - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial or renewal application)

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Nondisclosure of relevant offenses raises questions related to truthfulness and character (22 TAC §213.27).

**NOTE: Orders of Nondisclosure:** Pursuant to *Tex. Gov't Code § 552.142(b)*, if you have criminal matters that are the subject of an order of nondisclosure, you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of nondisclosure may become a character and fitness issue. Pursuant to *Gov't Code §411*, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of nondisclosure. If the board discovers a criminal matter that is the subject of an order of nondisclosure, even if you properly did not reveal the matter, the board may require you to provide information about any conduct that raises issues of character and fitness.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Applicant Name (please print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

- Yes    No   \*Are you currently the target or subject of a grand jury or governmental agency investigation?
- Yes    No   Has **any** licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
- Yes    No   \*In the past five (5) years, have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgment, or ability to function in school or work? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure)
- Yes    No   \*Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug? (You may answer "No" if you completed and/or are in compliance with TPAPN)

\*Pursuant to the *Texas Occupations Code §301.207*, information, including diagnosis and treatment, regarding an individual's physical or mental condition, imtemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that the information collected as part of an investigation is confidential under the *Texas Occupations Code §301.466*.

NOTE: If you answered yes to any of the above questions in the section labeled ELIGIBILITY QUESTIONS, you must enclose a written explanation. The document must be signed and dated. If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you may be required to pay a \$150.00 review fee. Once we have a complete application, required documents, and the fee, if applicable, your file will be transferred to our Enforcement Department for review. The BON will not approve an applicant for licensure or issue a temporary permit until a decision has been rendered by our Enforcement Department.

I, the undersigned applicant whose name appears below, attest that I am the person referred to in this application. I acknowledge that this application is a legal document and attest that:

- the statements herein contained are true in every respect;
- I understand that no one else may submit this form on my behalf;
- I understand that I am accountable and responsible for the accuracy of any answer or statement on this form and all supporting documents for my application;
- I understand that it is a violation of *22 Tex. Admin. Code §217.12(6)(I)* and the *Penal Code §37.10* to submit a false statement to a governmental agency;
- I understand and acknowledge that I may not order or prescribe medications or devices while practicing under this permit; and
- I understand and acknowledge that I must practice under the supervision of another APRN who is licensed to practice in the same role and population focus or a physician who practices in the same specialty area and meet the requirements of *22 Tex. Admin. Code Chapter 221*.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Date rcvd: _____	Approved by: _____
APRN Title: _____	Permit Number: _____
TX APRN #: _____	Approval date: _____
RN License #: _____	Expiration date: _____
RN State: _____	Cert rcvd: _____

## Instructions for Completing the Application for Six Month Temporary Permit for an APRN to Complete Supervised Practice Hours, a Refresher Course/Orientation, or a Required Academic Course

Six month temporary permits may be issued to APRN applicants for one of the following purposes:

- (1) Six month temporary permits may be issued to APRN applicants for initial licensure in Texas or for renewal, reactivation, or reinstatement of APRN licensure who have not practiced in the APRN role and population focus area within the four years immediately preceding the filing of the application. APRN applicants who have not practiced in the APRN role and population focus area within the four years immediately preceding the filing of the application will be required to complete a refresher course/extensive orientation. The APRN applicant will be required to complete 400 hours of supervised practice across the full scope of the role and population focus area as part of the refresher course/extensive orientation. Additional information is available in the “Requirements for Refresher Course/ Extensive Orientation for Advanced Practice Registered Nurses (APRNs) Returning to Practice” located on the Board’s website at: [http://www.bon.texas.gov/applications\\_advanced\\_practice\\_registered\\_nurse.asp](http://www.bon.texas.gov/applications_advanced_practice_registered_nurse.asp). If you are applying for initial APRN licensure, an application and all supporting documentation must be on file with the APRN department before you will be eligible for consideration of a six month temporary APRN permit. If you are subject to current disciplinary action, you are not eligible for consideration of a six month temporary APRN permit.
- (2) Six month temporary permits may be issued to APRN applicants for initial licensure in Texas or for renewal, reactivation, or reinstatement of APRN licensure who have not completed a minimum of 400 hours of practice in the APRN role and population focus area within the 24 calendar months immediately preceding the application, even though they have practiced in the APRN role and population focus area within the four years immediately preceding the application. The 400 hours of current practice must be completed under the direct supervision of an APRN licensed by the Board in the same role and population focus area as the APRN applicant or by a physician in the same specialty. Additional information is available in the “Requirements for Completion of Supervised Practice for Advanced Practice Registered Nurses (APRNs) Who Have Practiced in the Role and Population Focus Area within the Last Four Years” located on the Board’s website at: [http://www.bon.texas.gov/applications\\_advanced\\_practice\\_registered\\_nurse.asp](http://www.bon.texas.gov/applications_advanced_practice_registered_nurse.asp). If you are applying for initial APRN licensure, an application and all supporting documentation must be on file with the APRN department before you will be eligible for consideration of a six month temporary APRN permit. If you are subject to current disciplinary action, you are not eligible for consideration of a six month temporary APRN permit.
- (3) Six month temporary permits may be issued to applicants for initial APRN licensure in Texas who are required to complete one of the following APRN core courses: advanced assessment, advanced pathophysiology, or advanced pharmacotherapeutics. APRNs desiring to practice on a six month temporary APRN permit while completing the academic course must have practiced at least 400 hours in the APRN role and population focus area in another U.S. state within the two calendar years immediately preceding the application and must have no current disciplinary action. If you are subject to current disciplinary action, you are not eligible for consideration of a six month temporary APRN permit. An application for APRN licensure and all supporting documentation must be on file with the APRN department before you will be eligible for consideration of a six month temporary APRN permit.

The six month temporary APRN permit will be valid for six months from the date of its issue. The permit time cannot be extended! **Please be sure that you are prepared to begin and complete your supervised practice hours, refresher course/extensive orientation, or academic course within the time period allotted.** We recommend that you wait to apply for your six month temporary APRN permit until you have identified an appropriate supervisor. If you are requesting a six month temporary APRN permit that will allow you to practice under direct supervision while you are completing one of the above specified academic courses, we recommend that you also ensure that you will be able to complete the course and provide our office with an official transcript verifying course completion within the six month temporary permit time period. **Please note that six month temporary APRN permits may be voided immediately should you become subject to a disciplinary investigation.**

To obtain a six month temporary APRN permit, complete the “Application for Six Month Temporary Permit for an Advanced Practice Registered Nurse to Complete Supervised Practice Hours, a Refresher Course/Orientation, or a Required Academic Course” and return to the Texas Board of Nursing, 333 Guadalupe # 3-460, Austin, Texas 78701. Processing of the six month temporary APRN permit application can take up to 15 business days from the date the application and processing fee are received in the Board’s office. **Please note that you must have a current, unencumbered RN license or privilege to practice in Texas in order to be granted a six month temporary APRN permit. Six month temporary APRN permits DO NOT include prescriptive authority.**

**UPON COMPLETION OF THE REQUIRED PRACTICE HOURS, REFRESHER COURSE/ORIENTATION, OR ACADEMIC COURSE, PLEASE COMPLETE THE FOLLOWING STEPS:**

**If you are completing required practice hours or a refresher course/orientation:**

Submit the appropriate verification of successful completion form to the Texas Board of Nursing, along with your application for renewal, reactivation, or reinstatement of your APRN license. Verification forms and applications may be found on the Texas Board of Nursing website at [www.bon.texas.gov](http://www.bon.texas.gov) under the “Forms” tab.

**If you are completing an academic course for the purpose of obtaining initial licensure in Texas as an APRN:**

Submit your official transcript verifying completion of the academic course for academic credit. The transcript should be mailed to the Texas Board of Nursing, Attention: APRN Department, 333 Guadalupe, # 3-460, Austin, Texas, 78701. We cannot accept e-transcripts at this time.