

TEXAS BOARD OF NURSING
333 Guadalupe #3-460, Austin, Texas 78701
(512) 305-7400

For Office Use Only	
Approved by:	_____
Permit #:	_____
Issuance Date:	_____
Exp. Date:	_____

APPLICATION FOR SIX-MONTH TEMPORARY PERMIT
TO COMPLETE REFRESHER COURSE, EXTENSIVE ORIENTATION, OR NURSING PROGRAM OF STUDY
IN **VOCATIONAL NURSING**

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Last Name	First Name	Middle Name	
Address	City	State/Province/Territory	Zip Code
All Previous Names Used _____		Social Security Number _____	
Date of Birth _____	E-mail address*: _____		

Applicants for six-month temporary permit must have received passing results on one of the examinations listed below and must have obtained LVN licensure in Texas or another State, Province or Territory.

Check the one applicable:

- ___ a. State Board Test Pool Examination (SBTPE)
- ___ b. National Council Licensure Examination for Practical Nurses (NCLEX-PN)

Date: _____ Location: _____

State/Province/Territory of VN/PN Licensure _____ License No. _____ Expiration Date: _____

Indicate the month and year you last practiced as a Vocational/Practical Nurse: _____

Have you ever held a license as a Vocational Nurse in the State of Texas? ___ Yes ___ No

If yes, provide Texas LVN License Number _____

Have you ever held a license as a Vocational/Practical Nurse in any state? ___ Yes ___ No

If yes, provide State(s) and License Number(s) _____

Eligibility Questions

(if you answer YES to Eligibility Questions, instructions are located on Page 3)

1) [] No [] Yes *For any criminal offense, including those pending appeal, have you:

- A. been arrested and have any pending criminal charges?
- 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?

Applicant's Signature: _____ Date: ____ / ____ / ____

* The email address that you provide to the Board is required in order to schedule fingerprinting for your criminal background check. The email address that you provide to the Board is subject to release to the public pursuant to the Texas Public Information Act.

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(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure 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. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

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

- 2) [] No [] Yes *Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) [] No [] Yes 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?
- 4) [] No [] Yes *In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other 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.)
- 5) [] No [] Yes *In the past 5 years, have you been addicted to or treated for the use of alcohol or any other drug?

*Pursuant to the Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466. *If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer 'NO' to questions #4 and #5.*

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO THE APPLICATION INSTRUCTIONS FOR MORE INFORMATION

ATTESTATION STATEMENT

I, the Nurse Applicant whose name appears within this Application, acknowledge this is a legal document. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. I understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application. I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature: _____

Date: _____ / _____ / _____

Instructions for ELIGIBILITY QUESTIONS

If you answered yes to questions 1-5 of the Eligibility Questions on previous two (2) pages, you must provide the Board with the following information:

*QUESTION #1 The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication (a determination by a court that is withheld or delayed for a specific time period) must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. The document must be signed and dated. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and all military actions.

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

*QUESTION #2 The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3 The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

*QUESTION #4 The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, which impaired or does impair your behavior, judgment, or ability to function in school or work, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/evalguidelines.html. The evaluation process could potentially delay consideration of your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

*QUESTION #5 The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

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

ELIGIBILITY REVIEW TIMEFRAMES

The paperwork will be submitted for an initial eligibility review in the Operations Department within ten (10) business days of the receipt of the application, fee, **criminal background check results**, and all pertinent documentation. This initial review can take up to 30 days.

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. Your file will be transferred to our Enforcement Department for review within ten (10) business days of the payment being received.

The time needed to complete an eligibility review by the Enforcement Department varies on a case by case basis. The process generally takes an average of 90 days to make a recommendation, provided the file contains all the needed information. If additional material is needed, you will receive such request by the Enforcement Staff. Upon completion of the eligibility enforcement review, your file will be returned to the for continued processing.

The BON **will not** approve an applicant for a six month limited permit or permanent licensure until a decision has been rendered by either the Director of Operations or our Enforcement Department.

333 Guadalupe #3-460, Austin, Texas 78701
(512) 305-7400

**INSTRUCTIONS FOR SIX MONTH TEMPORARY PERMIT
TO COMPLETE REFRESHER COURSE, EXTENSIVE ORIENTATION, OR NURSING PROGRAM OF
STUDY IN VOCATIONAL NURSING**

Six-month temporary permits are issued to nurses who have not been employed as a Licensed Vocational Nurse during the past four years and are used for the purpose of completing the clinical portion of a refresher program, extensive orientation, or a nursing program of study under the supervision of an RN Instructor. In order to renew or be issued a license, you must successfully complete **ONE** of the following:

- (a) A refresher course, which is defined as an organized course for Vocational Nurses designed to update nursing knowledge, and which meets all content criteria as indicated on the attached form;
- (b) An extensive orientation to the practice of vocational nursing which meets all content criteria as indicated on the attached form; or
- (c) Academic nursing course(s), in an approved vocational nursing education program, which meets all the content criteria as indicated on the attached form.

The temporary permit will be valid for six-months from the date of issuance. The permit cannot be extended! **Please be sure that you are prepared to begin and complete the course, orientation, or nursing program of study within the required one-year time limit.**

Upon completion of the refresher course, orientation, or program of study, the attached Verification of Successful Completion form must be completed and mailed by the instructor and submitted to the Board, to the attention of the Licensing Department. Applicant should also submit the course completion certificate for the Nursing Jurisprudence and Ethics Course and confirmation of successfully passing the Nursing Jurisprudence Exam. A permanent license will not be issued until the verification of successful completion is received in the Board's office and all other requirements set forth in Board Rules 217.6 or 217.9, as applicable, are met.

Complete the "Application for Six-Month Temporary Permit" and return to the Texas Board of Nursing, 333 Guadalupe #3-460, Austin, Texas 78701.

Processing the application can take up to ten (10) business days after receipt of the completed application and fee. The temporary permit will be mailed to the address listed on the application. Upon completion of the refresher program, extensive orientation, or program of study and subsequent receipt of the Verification of Successful Completion form, you may complete a reactivation and/or endorsement application.

**Verification of Successful Completion of
VN/PN Refresher Course/Extensive Orientation/Academic Nursing Course(s) for the Texas Board of Nursing**

Name: _____ LVN Lic# _____ SS# _____

Completion Type (Check One): Refresher Course **OR** Extensive Orientation Program

Didactic Content Course Dates: _____

Precepted Clinical Learning Experience Dates: _____

Knowledge/Skill Verified *Attach additional teaching materials, objectives, skills check off sheets, etc.	Date of Verification (mm/dd/yy)	Instructor/ Preceptor Initials												
1) Review of NPA, Rules, Position Statements														
2) Determining Individual Scope of Practice and role in patient safety														
3) Review of the clinical problem solving process for the provision of individualized, goal directed nursing care to include:														
(a) Collecting data & performing focused nursing assessments;														
(b) Participating in the planning of nursing care needs for clients;														
(c) Participating in the development & modification of the comprehensive nursing care plan for assigned clients;														
(d) Implementing appropriate aspects of care within the LVN's scope of practice;														
(e) Assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs.														
4) Pharmacology Review														
5) Medication Administration														
6) Documentation principles/practices														
7) Documentation of current CPR certification prior to beginning precepted clinical experience														
8) Supervised clinical experience providing direct patient care (minimum of 80 hours)														
<table border="1"> <thead> <tr> <th>Date of Verification</th> <th>Supervised Clinical Hours</th> <th>Clinical Preceptor Initials*</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date of Verification	Supervised Clinical Hours	Clinical Preceptor Initials*											
Date of Verification	Supervised Clinical Hours	Clinical Preceptor Initials*												
9) Documentation of successful completion of Didactic Content of the Refresher Course														

I attest that the vocational/practical nurse named above, has participated and successfully completed all requirements for a refresher course/extensive orientation or academic course as documented above, and has demonstrated clinical practice that meets minimum standards of nursing competence in compliance with the Nursing Practice Act and the Rules & Regulations of the Texas Board of Nursing. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

Instructor's Name (Print legibly) _____ **Date:** _____

Instructor's Signature: _____, RN **License Number:** _____ **State:** _____

Clinical Preceptor's Name (Print legibly) _____ **Date:** _____

Clinical Preceptor's Signature: _____, RN/LVN **License Number:** _____ **State:** _____

*If additional RNs or LVNs are Instructor or Clinical Preceptor, please indicate below. Include printed name signature, date, license number and state.

Printed Name	Signature	Indicate either Instructor or Clinical Preceptor	RN/LVN License Number	State of Issuance

Vocational Nursing (VN/PN) Refresher Course/Extensive Orientation/Academic Nursing Course(s)

Overview of Requirements

General Requirements: Each content area indicated below will have: course description, goals and objectives, resources to be utilized, break-down of didactic and clinical content, and methods to be used to determine successful completion of the course. Total didactic and clinical hours should be based on individual need and comprehensive assessment of the competency level of the nurse. The Differentiated Competencies of Graduates of Texas Nursing Programs, <http://www.bon.state.tx.us/about/pdfs/del-comp.pdf>, should serve as the guideline for the evaluation of competency. Didactic review must be completed by an RN Instructor. Clinical review can be performed by an LVN or RN preceptor in collaboration with the RN Instructor and must be a minimum of 80 hours in direct patient-care hours. Home study and/or video-based programs are not acceptable as the primary or sole means of instruction.

1) Review of NPA, Rules, Position Statements

Must include Standards of Nursing Practice, Misconduct Rules, Eligibility Requirements relating to good professional character and ethical conduct, including professional boundaries, Peer Review (incident-based and safe harbor), CE requirements, and licensure renewal requirements. It is recommended that this content constitutes 15% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

2) Determining Individual Scope of Practice

Must include a review of all the scope of practice documents on the Board's website, listed under "Nursing Practice", then under "Scope of Practice", including identification of Standards of Nursing Practice, Decision-Making Model for Determining Nursing Scope of Practice, evidenced-based best practices for practice setting focus, and other current reference material relevant to patient safety and the nurse's practice. It is recommended that this content constitutes 5% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

3) Review of the clinical problem solving process (systematic approach) for the provision of individualized, goal directed nursing care

Must include both didactic and clinical practice related to data collection (including physical assessment to cover all body systems), planning, implementation and evaluation. The content must reflect the Standards Specific to LVNs identified in Rule 217.11(2). It is recommended that this content constitutes 30% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

4) Pharmacology Review

Must include a didactic component; content must cover all major drug classifications and their physiological and therapeutic effects, dosages, administration, precautions, contraindications, side effects/adverse reactions and nursing implications. Courses focusing exclusively on drugs for specific disease processes shall not count. In addition, specific courses focusing on emergency management of certain conditions, such as Advanced Cardiac Life Support shall not count. It is recommended that this content constitutes 20% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

5) Medication Administration

Must include both a didactic (excluding home study) and clinical application components. Content must include review of proper administration procedures for all standard routes, computation of drug dosages, 5 rights of medication administration, factors influencing the choice of route, and possible adverse effects resulting from improper administration. If proficiency in administration of drugs by intravenous routes is to be covered, this content must be in addition to the above required didactic and clinical minimum hours, and shall be in alignment with currently accepted course content and clinical practice hours established by national specialty nursing organizations and/or vocational nursing education programs. Must also include current information on national patient safety initiatives and recommendations for safe medication administration practices. It is recommended that this content constitutes 20% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

6) Documentation, quality assurance and legal implications for nursing practice.

Must include a didactic component. Content must include nursing standards related to accurate and complete documentation, legal guidelines for recording information into records pertaining to clients, methods and processes of recording, methods of alternative record keeping, including computerized documentation, acceptable methods of making late entries, and documentation practices considered to be unethical/illegal. Discussion should include basic principles and concepts of quality assurance. Evaluation of the ability to document care effectively must be included in clinical portion of refresher. It is recommended that this content constitutes 10% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

7) Documentation of current CPR certification prior to beginning clinical experience

Must complete a cardio-pulmonary resuscitation (CPR) certification course and provide a copy to the preceptor/instructor prior to beginning the precepted clinical learning experience. A copy of the CPR certificate should be maintained in personal files.

8) Supervised clinical experience providing patient care

Must include information on types of clients, disease processes, medications, treatment, and/or procedures performed during supervised/precepted clinical experiences and evaluation methods/comments of instructor/preceptor. Clinical practicum should be a minimum of 80 hours in direct patient-care hours. Clinical experiences are faculty planned and guided learning activities designed to assist students in meeting stated outcomes and to apply knowledge and skills to ensure the provision of safe nursing care to clients. Additional clinical experiences may occur in nursing skills and computer laboratories; in simulated clinical settings; in a variety of affiliating agencies or clinical practice settings.

9) Documentation of refresher course completion

Must submit a copy of the Refresher Course/Extensive Orientation/Academic Nursing Course(s) completion certificate with the Refresher Course/Extensive Orientation/Academic Nursing Course(s) Verification of Successful Completion form.



Frequently Asked Questions on Requirements for Refresher Programs, Extensive Orientations and Nursing Academic Courses

- 1. Where may I complete the clinical hours? May I do the 80 hours in a school setting, home health care, hospice care, a physician's office, or must the hours be completed in an acute care facility?**

Answer: The rules are not prescriptive as to the specific setting in which the clinical hours must be completed; however, the optimal setting would provide a wide range of opportunities for the individual to develop a broad set of skills. The selection of the clinical site should be based on the learning opportunities available and the learning needs and competency level of the individual learner. Individuals desiring to re-enter nursing should search for clinical learning experiences that will assist them to acquire the skills necessary to provide nursing care in a competent and safe manner.

- 2. What should I look for in a preceptor?**

Answer: The preceptor must be licensed to practice nursing in Texas. Board staff recommends that the preceptor have current knowledge and clinical expertise in the designated area of practice. Individuals applying to re-enter as a RN must have a RN clinical preceptor, and individuals applying to re-enter as a LVN may have either a LVN or RN clinical preceptor.

- 3. I am having difficulty finding a facility in which to complete the clinical component. Can the BON help me?**

Answer: It is not within the purview of the Board of Nursing (BON) to recommend specific programs or possible clinical sites for refresher programs.

- 4. I live in a rural area and there are no courses in my area. What are my options?**

Answer: You may participate in an extensive orientation which meets all required content criteria. For example, a potential employer may be willing to provide an in-depth comprehensive orientation. Or you may enroll in an online refresher program for the didactic component. However, if you complete an online program, you will still need to locate a clinical preceptor to complete the clinical hour requirements.

You may wish to explore the Distance Learning, Re-Entry Nursing Program available through many Texas Community Colleges. This program is designed to reconnect individuals with nursing practice. Their contact information is <http://nurserefresher.austincc.edu/index.html>

- 5. Do I have to complete all 80 hours in one block of time, such as a two-week period, or may I do 10 hours per week for eight weeks or 20 hours per week for four weeks?**

Answer: The rules are not prescriptive as to how the hours are to be structured within the six month temporary permit period. However, it is important to remember that the temporary permit is valid for only six months and is non-renewable.

- 6. May I administer medications or do I observe a currently licensed nurse administer medications?**

Answer: Board staff recommends that you administer medications under the supervision of your preceptor (LVN/RN) or RN instructor, in alignment with the policies of the clinical learning site.

- 7. May I document in the medical record or do I observe a currently licensed nurse document?**

Answer: Board staff recommends that you accurately and completely document the nursing care you provide according to the clinical learning site's policies.

- 8. How do I sign my name?**

Answer: Board staff recommends, e.g.: Mary Smith, LVN Temporary Permit.

- 9. May I be paid as a licensed nurse during the 80 hours of clinical learning experiences?**

Answer: The BON does not have purview regarding this question. Financial compensation is at the clinical learning site's discretion.

- 10. Do I submit my CEUs and fee now or with the license renewal? What is the process?**

Answer: You may submit CEUs and the applicable fees anytime during the process; however, these items must be submitted prior to the expiration of the temporary permit. Board staff recommends that you submit your 20 contact hours of CE and the non-refundable fees as soon as possible. Remember the 20 contact hours should be for the two years immediately preceding your application for reactivation.

- 11. I completed a nursing educational program and never passed NCLEX-RN or NCLEX-PN. What type of refresher program do I need to complete?**

Answer: If you have not passed the NCLEX-RN or NCLEX-PN within four years from the date of completion of requirements for graduation, you must re-educate by completing a board approved nursing educational program in order to take or retake the examination.

Nurses Endorsing into Texas from another State

1. In what order do I complete the forms? Which comes first, endorsement or temporary permit?

Answer: The temporary permit is the first step in the process. The temporary permit allows an individual to begin a refresher course, extensive orientation to the practice of nursing, or a nursing program of study which meets the requirements prescribed by the Board. The temporary permit application is a step-by-step guideline that will walk you through the process. It is located on the Board's website, under **Verification and Licensing**, then **Download Other Paper Applications and Forms**, then scroll down to **LVN Six Month Temporary Permit** or **RN Six Month Temporary Permit**.

2. What is the time frame for the endorsement process after I complete the refresher/re- entry course?

Answer: You may begin completing the endorsement application upon completion of the refresher program, extensive orientation, or program of study and subsequent receipt of the Verification of Successful Completion form. If all the requirements are met for the endorsement process, a 120 day temporary license will be issued within ten (10) business days of receipt of the online application. Endorsement information can be found under **Frequently Asked Question (FAQ) – Licensing**, then **Endorsement Applicant**.

3. I have completed a Refresher Course/Extensive Orientation/Academic Nursing Course not in Texas but in another state, what documents do I need to submit with the Endorsement application?

Answer: You will still need to have submitted the Verification of Successful Completion of VN/PN Refresher Course/Extensive Orientation /Academic Nursing Course(s), Jurisprudence Prep Course certification, and Jurisprudence Pass Certificate. You do not need to submit the 6-month temporary permit application and the \$25.00 processing fee if not completing the courses in Texas.

Chief Nursing Officers (CNO)/Directors of Nursing (DON)

1. Am I obligated to accept nurses for the 80 hours of clinical learning experiences?

Answer: No. However, a CNO or DON may choose to open their place of employment as a clinical learning experience. Individuals seeking to reactivate their nursing license are a potential resource to bolster the nursing workforce.

2. My facility does not have a structured course in place, how do I ensure that I am providing the essential elements of the course?

Answer: The required content areas are listed on both the RN and LVN Applications for Six-Month Temporary Permit Forms. An overview of requirements provides a description of the general requirements for didactic and clinical content. Requirements include recommendations for time allotted to each content area. Home study and/or video-based programs are not acceptable as the primary or sole means of instruction. The 80 hours of clinical learning must be spent in **direct** patient care.

3. **We will have individuals complete the clinical component of the refresher/re-entry course in our hospital. Do we keep them with the same preceptor the entire 80 hours or can we assign them to different preceptors on different days?**

Answer: The BON does not have specific requirements for the number of preceptors an individual may be assigned to during the 80 hours of clinical. However, all nurses identified as preceptors must meet the BON's qualifications for preceptors and have been oriented to the objectives and expectations of the clinical learning experience.

Historically, the Board has recommended that individuals work with one preceptor if possible. With one preceptor monitoring the individual's progression through the program, there is greater opportunity to identify any weaknesses or need for immediate remediation.

Providers of Refresher Programs, Extensive Orientations or Academic Nursing Courses

4. **In light of the new rule revisions, when is the deadline for making changes to our program, orientation or academic nursing courses?**

Answer: In keeping with the mission of patient safety, the Board adopted revisions to Rules 217.6 and 217.9 to ensure individuals seeking to reactivate their nursing license will be competent to safely practice nursing.

Rules 217.6 and 217.9 contain revisions and are available on the Board's website, under ***Nursing Law and Rules***, then ***Rules and Regulations***. The application for temporary permit process and the general requirements for course content also contain revisions. The applications are available on the Board's website, under ***Verification and Licensing***, then ***Download Other Paper Applications and Forms***, then ***LVN – Six Month Temporary Permit*** or ***RN – Six Month Temporary Permit***. These new changes became effective October 1, 2010. Refresher Program Providers will have until August 31, 2011 to comply with the new rules.



Checklist for Reactivating Your Nursing License after not Practicing Nursing for Four (4) or More Years

This checklist was developed by the Texas Board of Nursing (BON) staff to assist you through the process of reactivating your Texas nursing license after being away from nursing for four (4) or more years. Applications for the RN and LVN Six-Month Temporary Permits and the Reactivation Applications are available on the BON website (www.bon.texas.gov) under "Forms".

- Begin with reading Board Rules 217.6, Failure to Renew License and 217.9, Inactive License for an overview of the reactivation process. All Board Rules are located on the BON website, under ***Nursing Law and Rules***.
- Complete and submit your temporary permit application in order to complete a refresher course, extensive orientation to the practice of nursing, or a nursing program of study. The RN and LVN applications contain instructions for completing the applications and provide an overview of the didactic and precepted clinical learning experience requirements.
- Mark your calendar.** The temporary permit expires six months from the date it is issued.
- The instructor and clinical preceptor must sign and submit to the BON evidence of your successful completion of a refresher course, extensive orientation to the practice of nursing or nursing program of study, i.e.: verification of completion.
- Submit to the BON documentation of course completion of any of the following:
 - Online Texas BON Jurisprudence Prep Course; ***or***
 - Texas BON Jurisprudence and Ethics workshop; ***or***
 - A Texas BON approved Nursing Jurisprudence and Ethics Course.
- Submit to the BON a certificate of successful completion of the Texas Nursing Jurisprudence Exam.
- Submit to the BON a completed reactivation application or endorsement application within twelve (12) months of completion of the refresher program, extensive orientation to the practice of nursing, or a nursing program of study. Submit renewal/reactivation fees (non-refundable) with the reactivation application.
- Submit to the BON documentation of completion of 20 contact hours of acceptable continuing education for the immediate two (2) years preceding your application for reactivation by the expiration of the temporary permit.
- For questions related to applications and fees, send an email to webmaster@bon.texas.gov or call 1-512-305-6809.
- Submit required evidence of completions, applications and fees to: Texas Board of Nursing, 333 Guadalupe, Suite 3-460, Austin, TX 78701.