

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

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

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|                               |             |                              |          |
|-------------------------------|-------------|------------------------------|----------|
| First Name                    | Middle Name | Last Name                    |          |
| Address                       | City        | State/Province/Territory     | Zip Code |
| All Previous Names Used _____ |             | Social Security Number _____ |          |

Applicants for six month temporary permit must have received passing results on one of the examinations listed below and must have obtained RN 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 Registered Nurses (NCLEX-RN).

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

State/Province/Territory of RN Licensure \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Indicate the month and year you last practiced as a Registered Nurse: \_\_\_\_\_

Have you ever held a license as a Registered Nurse in the State of Texas? \_\_\_\_ Yes \_\_\_\_ No

**If yes, provide Texas RN License Number** \_\_\_\_\_

Have you ever held a license as a Registered Nurse in any state? \_\_\_\_ Yes \_\_\_\_ No

**If yes, provide State(s) and License Number(s)** \_\_\_\_\_

**Eligibility Questions**

- 1) [ ] No [ ] Yes For any criminal offense, including those pending appeal, have you:
- A. been convicted of a misdemeanor?
  - B. been convicted of a felony?
  - C. pled nolo contendere, no contest, or guilty?
  - D. received deferred adjudication?
  - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
  - F. been sentenced to serve jail or prison time? court-ordered confinement?
  - G. been granted pre-trial diversion?
  - H. been arrested or have any pending criminal charges?
  - 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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(You may only exclude Class C misdemeanor traffic violations.)

**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, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

**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 other sections of 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.

- 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 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** \*Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
- 5)  **No**  **Yes** \*Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If "YES" indicate the condition:  schizophrenia and/or psychotic disorders,  
 bipolar disorder,  paranoid personality disorder,  
 antisocial personality disorder,  borderline personality disorder

\*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

If you answer "YES" to one or more of the questions 1-5, you must attach a letter of explanation indicating the circumstance(s) you are reporting to the Board of Nursing (BON). 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 will 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. This review may take a minimum of three months. The BON will not approve an applicant for licensure or issue a temporary permit until a decision has been rendered by our Enforcement Department.

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TEXAS BOARD OF NURSING**  
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 PROFESSIONAL REGISTERED NURSING**

Six-month temporary permits are issued to nurses who have not been employed as a Registered Nurse during the past four years and are used for the purpose of completing a refresher program, extensive orientation to the practice of nursing, or a nursing program of study under the supervision of an RN Instructor. In order to reactivate 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 Registered 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 Registered Nursing which meets all content criteria as indicated on the attached form; or
- (c) Academic nursing course(s), in an approved Registered 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 program of study within the required 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. 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.

- (1) Complete the "Application for Six-Month Temporary Permit" and return to the Texas Board of Nursing, 333 Guadalupe #3-460, Austin, Texas 78701.
- (2) Attach a \$25.00 fee (check drawn on a U.S. Bank, U.S. Money Order or Canadian Postal Money Order - no Cash), payable to the Texas Board of Nursing. The fee is non-refundable.

Processing the application can take up to ten (10) working 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  
Professional Registered Nursing Refresher Course/Extensive Orientation/Academic Nursing Course(s)  
for the Texas Board of Nursing**

Name: \_\_\_\_\_ RN Lic# \_\_\_\_\_ SS# \_\_\_\_\_

Didactic Content Course Dates: \_\_\_\_\_

Precepted Clinical Learning Experience Dates: \_\_\_\_\_

| <b>Knowledge/Skill Verified</b><br><b>*Attach additional teaching materials, objectives, skills check off sheets, etc.</b> | <b>Date of Verification (mm/dd/yy)</b> | <b>Instructor/Preceptor Initials</b> |
|--|--|--------------------------------------|
| 1) Review of NPA, Rules, Position Statements   |  |                                      |
| 2) Determination of Individual Scope of Practice and role in patient safety  |  |                                      |
| 3) Review of the nursing process to include assessment, planning, implementation and evaluation                            |  |                                      |
| 4) Pharmacology review   |  |                                      |
| 5) Medication administration   |  |                                      |
| 6) Documentation, quality assurance, and legal implication for nursing practice  |  |                                      |
| 7) Documentation of current CPR certification prior to beginning precepted clinical learning experience                    |  |                                      |
| 8) Supervised clinical experience providing client care (minimum of 80 hours)  |  |                                      |
| 9) Documentation of successful completion of refresher course  |  |                                      |

**ATTESTATION STATEMENT**

I attest that the registered 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 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 (Please print legibly): \_\_\_\_\_

\_\_\_\_\_, RN \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Instructor's Signature Date

Clinical Preceptor's Name, if applicable \_\_\_\_\_

\_\_\_\_\_, RN \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Clinical Preceptor's Signature Date

## **Professional Registered Nursing Refresher Course/Extensive Orientation/Academic Nursing Course(s) Overview of Requirements**

**General Requirements:** Each content area indicated below must 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 a RN Instructor. Clinical review can be performed by an 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), Delegation Rules, 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) Determination of 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 nursing process to include assessment, planning, implementation and evaluation.**

Must include both a didactic (excluding home study) and clinical application component. Critical thinking skills must be discussed and incorporated in all steps of the nursing process. The content must reflect the Standards Specific to RNs identified in Rule 217.11(3). 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. 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 professional 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.