

Louisiana State Board of Practical Nurse Examiners

131 Airline Drive, Suite 301, Metairie, Louisiana 70001

Telephone: 504-838-5791 Fax: 504-838-5279

Email: lpnboard@lsbpne.com

Instructions: Complete this form and fax or email it (with attachments-see note below) to the office **only if you intend to provide services gratuitously (not for compensation)**. If you plan to practice for compensation you must complete an application for licensure by endorsement (available at www.lsbpne.com).

EMERGENCY TEMPORARY PERMIT REGISTRATION FORM FOR LICENSED PRACTICAL/VOCATIONAL NURSES

1. Name: _____
 First Middle Maiden Last
 2. Mailing Address in Louisiana: _____
 3. Permanent Mailing Address: _____
 4. Cell Phone: (_____) _____ Local/LA Phone: (_____) _____
 5. Email Address: _____ Fax: (_____) _____
 6. Social Security Number: _____ Date of Birth: _____
 7. City, State, and County/Parish of Birth: _____
 8. Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
 9. Health Care Agency/Shelter (where you will provide nursing services):

Agency/Shelter Name and Address: _____

Agency/Shelter Phone: (_____) _____ Fax: (_____) _____

Name and Credentials of Immediate Supervisor: _____
 10. I, the undersigned applicant for an emergency temporary permit as a licensed practical/vocational nurse, attest that: I hold a current license to practice practical/vocational nursing in the United States; I have a negative history for criminal activity, a negative history for chemical dependency, and a negative history for complaints against and/or related to any and all licenses held for any profession in any state or U.S. territory; I will provide my nursing services gratuitously (free of charge).
- Signature of Applicant: _____ Date: _____

NOTE: ATTACH A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO I.D. (Forms submitted by email must have the required attachments scanned in and submitted with the emailed form.) **YOU WILL RECEIVE AUTHORIZATION TO PRACTICE BY RETURN EMAIL OR FAX. GIVE EMAIL ADDRESS OR FAX # YOU WANT THE PERMIT SENT TO.**