

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

TEMPORARY PERMIT

SUPPORTING DOCUMENT

TP-NUR

APPLICANT: *This form must be completed in its entirety and accompanied by the four (4) page application jacket.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.	
6. MAIDEN OR GIVEN SURNAME	_____ Profession Name Profession Code	

7. Nursing Education Program Completed.

Name of Program	Location of Program	Year of Graduation

8. Licensure examination taken in your state of original licensure which was the basis for your initial licensure:

✓	NAME OF EXAMINATION	DATE OF EXAMINATION	RESULTS		DATE OF EXAMINATION	RESULTS	
			Passed	Failed		Passed	Failed
	National Council Licensure Examination for Registered Nurses (NCLEX-RN)						
	National Council Licensure Examination for Practical Nurses (NCLEX-PN)						
	Other:						

9. List all states where you hold active current licenses for the profession for which you are now making application:

10. Which one of the states noted above is the state where you have most recently been practicing? _____

11. Have you been convicted of any crime under the laws of any jurisdiction of the United States: (a) which is a felony; or (b) which is a misdemeanor directly related to the practice of the profession within the last five (5) years?

☐ Yes ☐ No ☐ If so, submit certified copies of all court records pertaining to said conviction.

12. Have you had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction within the last five (5) years? Yes ☐ No ☐

If so, have appropriate board of nursing complete CT-NUR form and attach copies of disciplinary action.

I certify the information and documents contained in this application are true and correct to the best of my knowledge. I understand should any of the information or documents contained herein be proven false, it may result in the denial of my Temporary Permit request and/or permanent endorsement/restoration application or other appropriate disciplinary action.

Signature

Date