

**Pennsylvania State Board of Nursing
RENEWAL APPLICATION – RN
Expiration Date: 10/31/2012**

RETURN TO:

(PRINT) Full Name - as it appears on license

State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

(PRINT) Street Address as it appears on license

City State Zip Code

RN License Number

Fee: \$65.00 (Non-refundable) Payable to: Commonwealth of Pennsylvania.

Write your license number on your payment. A \$20.00 fee will be assessed for returned payments. Licenses are not forwardable.
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.

The following questions must be answered.

| YES | NO | If YES to question 2, 3 or 4 – provide details AND attach certified copies of legal document(s). |
|-----|----|---|
| | | 1. Do you hold a license/certificate (active, inactive or expired) to practice this profession in any other state or jurisdiction? LIST ALL STATES |
| | | 2. Since your initial application or your last renewal, whichever is later , have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction? |
| | | 3. Since your initial application or your last renewal, whichever is later , have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction? |
| | | 4. Since your initial application or last renewal, whichever is later , have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. |
| | | 5. Have you <u>completed</u> a minimum of 30 hours of Board approved continuing education between November 1, 2010 and October 31, 2012? Do not send materials now. The Board will conduct an audit at a later date. |

Changes - check appropriate box and provide your Social Security Number: _____

Name Change – You must provide Social Security Number and submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree, or legal document to indicate retaking of maiden name.)

Print New Name: _____

Address Change – You must provide social security number above and new address below.

Print New Address: _____
Street Address

City State Zip Code

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory): _____ Date: _____

I will not be practicing this profession in Pennsylvania after the expiration date indicated above and request inactive status. **No fee is required.**

This form is invalid after 10/31/2012. Late fees are assessed
If your license expires other than 10/31/2012 – do not use this form.



**Commonwealth of Pennsylvania
Department of Health
2012-2013 Survey of Registered Nurses**

License #: RN _____
 * Required to avoid duplication
 * Anonymous & aggregate reporting only

DO NOT MAIL THIS SURVEY IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE.

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in the important work of understanding and projecting the nursing workforce in the Commonwealth. Your responses are **strictly confidential, will not be shared or distributed** and will be reported only in aggregate form. To view past workforce reports visit www.health.state.pa.us and select Newsroom, Publications, and Reports.

1. Year of Birth 2. Sex Male Female 3. Hispanic or Latino Origin Yes No

4. Race (check one) American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White/Caucasian Other _____

5. State of Residence (enter two letter postal code) 5a. County of Residence (PA only – see codes on page 4)

6. What type of nursing degree/credential qualified you for your first U.S. nursing license?
 Vocational/Practical certificate Diploma Associate Bachelor Master Doctoral

6a. In what year did you obtain this first U.S. nursing license?

7. In what country were you initially licensed as an RN or LPN? _____

8. In what year did you obtain your first U.S. RN license?

8a. In what state was this first U.S. RN license issued? (two letter postal code)

9. What is your highest level of nursing education completed? (check one)
 Diploma - nursing Associate - nursing Bachelor - nursing Master - nursing
 Doctoral - nursing (PhD) Doctoral - nursing (DNP) Doctoral - nursing (other)

10. If applicable, what is your highest level of non-nursing education completed? (check one)
 Associate – non-nursing Bachelor – non-nursing Master – non-nursing Doctoral – non-nursing
 Not applicable

11. Have you completed an advanced nursing practice education program? Yes No >> if 'No', skip to question 12
 CNM=Nurse Midwife CNS=Clinical Nurse Specialist CRNA=Nurse Anesthetist CRNP=Nurse Practitioner

11a. Year you completed advanced practice education

11b. State of your advanced practice program (2 letter postal code)

11c. Do you hold a national certification in this role? (check if yes)

11d. Do you hold a state certification in this role? (check if yes)

11e. Are you currently practicing in any of these roles?(check if yes)

11f. Do you practice with an on-site physician? (check if yes)

11g. Do you practice in a primary care setting? (check if yes)

11h. Have you experienced limits/barriers to your practice?
 (check if yes)

11i. If you checked yes to 11h, please indicate the type(s) of limitation(s)/barrier(s) you encounter:
 Facility ByLaws Finding Collaborating Physicians Insurance Reimbursement for Services
 Regulations/Scope of Practice Laws Insurer Credentialing Other _____

12. Are you currently in the process of continuing your nursing education? Yes No >> if 'No', skip to question 13

12a. What type of nursing degree are you primarily pursuing?
 Associate Bachelor Master Post-masters Doctoral Other

12b. Indicate if you are currently pursuing any of the following advanced nursing education programs.
 Nurse Midwife Clinical Nurse Specialist Nurse Anesthetist Nurse Practitioner None

12c. What is your anticipated graduation date?
 0-2 years from today 3-4 years from today 5-6 years from today More than 6 years from today



13. What is your employment status? (*select the best fitting category*)
- Employed full-time in nursing or a position that requires a nursing license
 - Employed part-time in nursing or a position that requires a nursing license
 - Employed per-diem in nursing or a position that requires a nursing license
 - Employed full-time in a field other than nursing
 - Employed part-time in a field other than nursing
 - Employed per-diem in a field other than nursing
 - Working as a volunteer in a nursing position
 - Unemployed, seeking work as a nurse
 - Unemployed, not seeking work as a nurse
 - Retired

>> *If the answer to question 13 is 'working as a volunteer' or 'retired' or 'employed in a field other than nursing', you have completed this survey. Thank you very much!!*

>> *If the answer to question 13 is 'employed in nursing' (either full-time, part-time or per-diem), skip to question 15*

14. Please select the best reason for your being unemployed
- Difficulty in finding a nursing position
 - I am currently disabled
 - I am currently enrolled either part-time or full-time as a student
 - Inadequate salary
 - Taking care of home and family
 - Other

>> *If the answer to question 13 is 'unemployed', you have now completed the survey. Thank you very much!!*

15. In what state is your primary job located? (*two letter postal code*)

15a. In what county is your primary job located? (*PA only – see codes on page 4*)

16. Please check the type of setting that most closely corresponds to your primary nursing practice position.
- | | |
|--|--|
| <input type="checkbox"/> Academic Setting | <input type="checkbox"/> Nursing Home/Extended Care/Assisted Living Facility |
| <input type="checkbox"/> Ambulatory Care Setting | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health Service |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insurance Claims/Benefits | |

17. Please check the position title that most closely corresponds to your primary nursing practice position.

- | | |
|---|---|
| <input type="checkbox"/> Advanced Practice Registered Nurse | <input type="checkbox"/> Nurse Researcher |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Staff Nurse |
| <input type="checkbox"/> Nurse Executive | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nurse Faculty | |

18. Please check the employment specialty that most closely corresponds to your primary nursing practice position.

- | | |
|---|--|
| <input type="checkbox"/> Acute Care/Critical Care | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Adult Health/Family Health | <input type="checkbox"/> Pediatrics/Neonatal |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Community | <input type="checkbox"/> Psychiatric/Mental Health/Substance Abuse |
| <input type="checkbox"/> Geriatric/Gerontology | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Maternal-Child Health | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Medical Surgical | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oncology | |

19. In how many positions are you currently employed as a nurse? 1 2 3 or more

>> *If the answer to question 19 is '1', skip to question 23*



20. Please check the type of setting that most closely corresponds to your secondary nursing practice position.
- | | |
|--|--|
| <input type="checkbox"/> Academic Setting | <input type="checkbox"/> Nursing Home/Extended Care/Assisted Living Facility |
| <input type="checkbox"/> Ambulatory Care Setting | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health Service |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insurance Claims/Benefits | |

21. Please check the position title that most closely corresponds to your secondary nursing practice position.
- | | |
|---|---|
| <input type="checkbox"/> Advanced Practice Registered Nurse | <input type="checkbox"/> Nurse Researcher |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Staff Nurse |
| <input type="checkbox"/> Nurse Executive | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nurse Faculty | |

22. Please check the employment specialty that most closely corresponds to your secondary nursing practice position.
- | | |
|---|--|
| <input type="checkbox"/> Acute Care/Critical Care | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Adult Health/Family Health | <input type="checkbox"/> Pediatrics/Neonatal |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Community | <input type="checkbox"/> Psychiatric/Mental Health/Substance Abuse |
| <input type="checkbox"/> Geriatric/Gerontology | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Maternal-Child Health | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Medical Surgical | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oncology | |

23. Last week, how many hours did you work in all of your nursing positions?

24. In the past six months, have you provided language interpretive services for medical terminology? Yes No

>>If 'No', skip to question 25

24a. In which language(s) have you provided language interpretive services for medical terminology? (check all that apply)

- | | | | | |
|----------------------------------|--|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> PA Dutch | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

25. How satisfied are you with nursing as a career?
 Very dissatisfied Dissatisfied Satisfied Very Satisfied

26. How satisfied are you with your primary nursing job?
 Very dissatisfied Dissatisfied Satisfied Very Satisfied

27. Please indicate your level of satisfaction with the following factors in your primary nursing job (check one for each job factor)
- | | | | | |
|---|--|---------------------------------------|------------------------------------|---|
| Benefits | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| Career development opportunity | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| Efficiency of workplace processes | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| RN participation in decisions | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| RNs valued by administration | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| Salary | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| Staffing levels | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| Supervisory relationship | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| Workplace emphasis on patient-centered care | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| Workplace emphasis on patient safety | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |

The following four questions ask about your use of computer systems for patient health information.

28. In your primary job, do you use computer systems to access patient health information (medical records, orders, etc.)?
 Yes No

29. In your primary job, do you use computer systems to exchange patient health information with other health care providers/facilities?
 Yes No

30. In your primary job, do you use computer systems to document patient health information (notes, vitals, etc.)?
 Yes No



31. In your primary job, do you have enough training to effectively use computer systems to perform your duties?
 Yes No I don't use computer systems to perform my duties
32. How much longer do you intend to remain employed in nursing?
 0-2 Years 3-5 Years 6-10 Years 11-15 Years 16+ Years
33. If you plan to leave nursing in the next 0-5 years, indicate your primary reason below (*check one*).
 Change Careers Financial Reasons Retirement Stress/Burnout
 Family Reasons Physical Demands Return to School Other

If you are interested in learning more about emergency disaster response effort volunteer opportunities in Pennsylvania, please access www.serv.pa.gov for more information.

Pennsylvania County Codes

| | | | | | | |
|--------------|-----------------|---------------|---------------|-------------------|-----------------|---------------|
| 01=Adams | 11=Cambria | 21=Cumberland | 31=Huntingdon | 41=Lycoming | 51=Philadelphia | 61=Venango |
| 02=Allegheny | 12=Cameron | 22=Dauphin | 32=Indiana | 42=McKean | 52=Pike | 62=Warren |
| 03=Armstrong | 13=Carbon | 23=Delaware | 33=Jefferson | 43=Mercer | 53=Potter | 63=Washington |
| 04=Beaver | 14=Centre | 24=Elk | 34=Juniata | 44=Mifflin | 54=Schuylkill | 64=Wayne |
| 05=Bedford | 15=Chester | 25=Erie | 35=Lackawanna | 45=Monroe | 55=Snyder | |
| | 65=Westmoreland | | | | | |
| 06=Berks | 16=Clarion | 26=Fayette | 36=Lancaster | 46=Montgomery | 56=Somerset | 66=Wyoming |
| 07=Blair | 17=Clearfield | 27=Forest | 37=Lawrence | 47=Montour | 57=Sullivan | 67=York |
| 08=Bradford | 18=Clinton | 28=Franklin | 38=Lebanon | 48=Northampton | 58=Susquehanna | 00=Not in PA |
| 09=Bucks | 19=Columbia | 29=Fulton | 39=Lehigh | 49=Northumberland | 59=Tioga | |
| 10=Butler | 20=Crawford | 30=Greene | 40=Luzerne | 50=Perry | 60=Union | |

Thank you!