



LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS

131 AIRLINE DRIVE, SUITE 301
METAIRIE, LA 70001-6266
(504)838-5791
FAX (504) 838-5279
www.lsbpne.com

Rev 6/2019

TEMPORARY PERMIT FOR REFRESHER (CLINICAL PRACTICE): RN PRECEPTOR REQUEST

A temporary permit is issued for the purpose of allowing said applicant/licensee to practice practical nursing in the State of Louisiana under the guidance of an RN preceptor while enrolled in a Board approved refresher course.

The permit is issued according to the provisions of the *LAC 46:XLVII. §1705*.

F.: A temporary permit may be issued to practical nurses enrolled in board approved refresher courses provided the practical nurse has been previously licensed.

C.9: A temporary permit may be issued to licensees pending disciplinary action at time of license renewal.

Application Instructions:

1. The RN Preceptor request must be completed in its entirety; and signed by the RN Preceptor.
2. The LPN must apply for a temporary permit (for refresher nurses only) via the Nurse Portal, prior to participating in patient care in any clinical setting. (visit www.lsbpne.com for Nurse Portal instructions)
3. The completed, signed RN Preceptor request must be uploaded with the online application.

PN Refresher Course:

- The practical nurse enrolled in a refresher course must meet all PN Refresher course requirements, including prescribed number of clinical hours, to be considered for eligibility of a temporary permit.
- The RN Preceptor and clinical site must meet the approval of LSBPNE and the PN program.

Criminal Background History Results (Louisiana & FBI):

- The results of the criminal history check are sent directly to LSBPNE by the state police. Results are valid for one year from the date of receipt. The applicant will be notified via email once results are received.
- Results are required and must be reviewed favorably prior to issuance of a permit/license.

Temporary Permit/Clinical:

- The temporary permit is valid for patient care during the clinical rotation of the refresher course only. The temporary permit will be mailed to the clinical site, care of the RN Preceptor.
- **Documentation/Clinical practice:** *Per the LAC 46:XLVII. §1705. C.5-8*
 5. The abbreviation P.N. (T.P.) (Practical Nurse, temporary permit), shall be used with the signature of the applicant on all documents requiring said signature in the course of practice while the temporary permit is valid.
 6. The P.N. (T.P.) shall serve only in a staff-nurse position.
 7. The P.N. (T.P.) shall assume only those duties and functions commonly included in the staff-nurse position.
 8. The P.N. (T.P.) shall practice only in nursing situations in which a registered nurse or physician is providing direct supervision.



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PN Applicant Information

APPLICANT'S NAME: _____
First Middle Maiden Married

LA LPN LICENSE # _____ SOCIAL SECURITY # (last 4 digits only) _____

REFRESHER COURSE: SCHOOL/PN PROGRAM: _____

DATE OF COMPLETION OF DIDACTIC (THEORY) TRAINING: _____

Clinical Facility Information

ANTICIPATED DATES OF CLINICAL ROTATION: _____ - _____
From To

NAME OF FACILITY: _____

FACILITY ADDRESS:

Physical address City State ZIP code

Mailing address City State ZIP code

PHONE: _____ FAX: _____

RN PRECEPTOR AGREEMENT (to be completed by RN Preceptor)

RN PRECEPTOR'S NAME: _____
First Middle Maiden Married

RN LICENSE NUMBER: _____ STATE: _____ EXP: _____

TELEPHONE # _____ EMAIL _____

I certify that I am not related to the above applicant. I am currently licensed as a registered nurse with no history of disciplinary action and that I am currently practicing as an RN responsible for patient care.

I agree to provide direction and supervision to the above named LPN applicant, at all times, during his/her hours of clinical practice. I agree to complete required documentation attesting to the applicant's performance. This agreement shall be valid until completion of clinical practice or if revoked in writing by the applicant, preceptor, or the employing facility. The agreement is valid only at the above named facility and while both applicant and preceptor are practicing at that facility.

Signature of RN Preceptor, Title & Date

Signature of Authorized Facility Representative, Title & Date