

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS

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www.lsbpne.com

***If you have an active multistate license, it is not necessary to apply for a temporary license.***

Instructions: Complete this form and email it (with attachments-see note below) to the office at [tammyd@lsbpne.com](mailto:tammyd@lsbpne.com).

EMERGENCY TEMPORARY PERMIT REGISTRATION FORM  
FOR LICENSED PRACTICAL/VOCATIONAL NURSES

1. Name: \_\_\_\_\_  
                    First                                    Middle                                    Maiden                                    Last
2. Cell Phone: (\_\_\_\_) \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
5. City, State, and County/Parish of Birth: \_\_\_\_\_
6. Health Care Agency/Shelter (where you will provide nursing services):  
Agency/Shelter Name and Address: \_\_\_\_\_  
Agency/Shelter Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Name and Credentials of Immediate Supervisor: \_\_\_\_\_
7. 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.

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.**

**Give an email address where you would like the permit sent:** \_\_\_\_\_