



CHECKLIST FOR RN TEMPORARY PERMIT (NURSING STUDENT)

DIRECTIONS

The following checklist is designed to assist you in submitting an application for an RN Temporary Permit. Complete each step before moving to the next step. Do not submit this checklist to the Arkansas State Board of Nursing (ASBN).

_____ Step one: Access the Arkansas State Board (ASBN) website and ensure that you already have an Arkansas Nurse Portal; if you do not already have a Portal Account, create one. Click [HERE](#) to view video for instructions on [CREATION OF AN ARKANSAS NURSE PORTAL ACCOUNT](#).

_____ Step two: Download the RN Temporary Permit (Nursing Student) Verification Form and submit it to your Program Director. Access the following link for information during the State of Emergency.
<https://www.healthy.arkansas.gov/programs-services/topics/arsbn-covid-19>

_____ Step three: Nursing Program Director completes the RN Temporary Permit (Nursing Student) Verification Form and submits it to ASBN.

ASBN notifies you through your Nurse Portal Account Message Center once the RN Temporary Permit (Nursing Student) Verification Form has been reviewed and approved. **DO NOT** submit an application before ASBN notifies you that you have been approved; if you do, it will result in a charged fee and the fee is nonrefundable.

_____ Step four: Sign in to your Nurse Portal Account and click the “Apply for License” button and choose the **Temporary Permit** Application (at the bottom of the list) and pick “RN”.

_____ Step five: Complete the RN **Temporary Permit** Application. If your RN education program is not listed in your application, click +ADD and enter it.

Note: The instructions at the beginning of the Application are waived during the declared emergency.

_____ Step six: **SUBMIT** the completed RN **Temporary Permit** Application. Click **SUBMIT** (do not click the payment tab otherwise a fee is charged and the fee is nonrefundable).

_____ Step seven: Submit application for conduction of State and Federal Criminal Background Checks by following instructions located on the ASBN website at <https://www.healthy.arkansas.gov/programs-services/topics/arsbn-criminal-background-checks>

MONITOR THE STATUS OF YOUR REQUEST THROUGH YOUR PORTAL ACCOUNT MESSAGE CENTER



RN TEMPORARY PERMIT (NURSING STUDENT) VERIFICATION FORM

GENERAL INFORMATION

In accordance with the Executive Order 21-14 to declare a statewide public health emergency for the purpose of meeting and mitigating the impact of COVID-19 on the healthcare system of Arkansas, the Arkansas State Board of Nursing has implemented the following eligibility criteria for issuing a Registered Nurse (RN) temporary permit:

- Applicant must be a Licensed Practical Nurse (LPN) enrolled in a Registered Nurse (RN) program;
• Applicant must be in the final semester of the RN nursing program; and
• Applicant must be in good standing.

The RN Temporary Permit fee will be waived for nursing students who meet the above eligibility requirements. RN Temporary Permits will only be valid during the declared State of Emergency.

DIRECTIONS

This form must be completed by the nursing program director (authorized individual) after determination that the student meets the above eligibility criteria. Please legibly print in blue or black ink, except where otherwise indicated. The program director (authorized individual) must submit this completed form directly to karen.mccumpsey@arkansas.gov.

Name of Applicant First Middle Maiden Last

- I hereby APPROVE the application submitted by the above named applicant and verify that the applicant is:
• currently a Licensed Practical Nurse (LPN).
• currently in the final semester of the Registered Nursing (LPN) program and is in good standing.
I have referred the applicant to the COVID link on the ASBN website for instructions and reference to Rules.
I have instructed students they must work within their educational preparation.
I will notify the ASBN immediately, if student does not remain in good standing in the nursing program.

Name of Nursing Program

Street Address City State Zip Code

Signature of Program Director (Authorized Official) Title

Date