

Georgia Board of Nursing – Temporary Permit – COVID-19 Emergency Relief

Please follow these easy steps to ensure that your application is processed as quickly as possible.

1. Complete the application in its entirety. Indicate N/A for any blanks that are not applicable.
 2. Registered nurses and licensed practical nurses may use this application.
 3. The Board has waived the application fee.
 4. Have your completed and signed application notarized.
 5. Submit your completed application to the Georgia Board of Nursing for processing. Applications are processed in the order in which they are received.
 6. Temporary permits may be verified by visiting www.nursys.com.
 7. If issued, the temporary permit will initially expire after thirty (30) days; however, the Board will extend the permits while a state of emergency, as declared by the Governor, exists in Georgia. Nurses will not have to submit a request to renew the temporary permit.
- You must not engage in nursing practice in Georgia until your temporary permit appears as active on www.nursys.com.



Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825 www.sos.ga.gov/plb/nursing

Please submit your complete application by email to nursing@sos.ga.gov. Please include "COVID-19" in the subject line.

**RN/LPN Application for 30 Day Temporary Permit
COVID-19 Emergency Relief
No Application Fee**

Name of Employing Facility or Agency:		
Demographic Information Please Print Legibly or Type all Information		
Last Name:	First Name:	
Middle Name:	Previous Name(s):	
Social Security Number:	Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	
Physical Address Information – Applicants must provide a physical address of record. A post office box is not acceptable for this field.		
Physical Address:		
City:	State:	Zip:
Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a permit, your mailing address and permit number are public information and will appear on www.nursys.com . A post office box may be used for this field.		
Mailing Address:		
City:	State:	Zip:
Phone:	Alternate Phone:	
Licensure Information		
Please list the state or jurisdiction where you were initially licensed as a nurse:		
Please list the state or jurisdiction where you are currently licensed as a nurse:		
Criminal and Disciplinary Information Failure to reveal an offense, arrest, ticket, or citation may subject your license to a disciplinary order and fine.		
Have you ever been arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.		
Has any licensing authority in Georgia or any other jurisdiction ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug? No Yes

Are you currently under investigation or is a disciplinary action pending against your nursing license or any other license or certification you hold in any state or territory of the United States? No Yes

Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? No Yes

Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion? No Yes

Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of nursing? No Yes

Applicant Affidavit

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Nursing and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other lawful document.

- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure. In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Nursing and/or criminal prosecution.

Printed Name of Applicant

Date

Applicant Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

Commission Expiration Date

- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -

Submit your completed application by email to nursing@sos.ga.gov. Include "COVID-19" in the subject line. Your temporary permit will be available for verification at www.nursys.org.