

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Tel: (225) 755-7500 ♦ Fax: (225) 755-7581

INSTRUCTIONS FOR APPLYING FOR REGISTERED NURSE TEMPORARY DISASTER PERMIT

A temporary disaster permit may be issued to an individual to practice as a Registered Nurse (RN) during a state of emergency as declared by the Governor of Louisiana. The temporary disaster permit will be valid for sixty (60) days from the date of issuance. You must hold a current, unencumbered license in another state of the United States to qualify for a disaster permit.

To apply for a temporary disaster permit, complete the Application for Registered Nurse Temporary Disaster Permit. As part of the application process, you will be required to **upload** a copy of current/valid government issued photo identification (i.e. U.S. passport or driver's license).

PAID NURSING SERVICES

If you will be providing **paid** nursing services, you will be required to **upload** (as part of the electronic application process) the Verification of Employment for 60 Day Disaster Permit. This form must be completed by the company/institution representative requesting an RN to practice in Louisiana during a declared state of emergency.

GRATUITOUS NURSING SERVICES

If you will be providing **gratuitous** nursing services, you must also register with Louisiana Department of Health, Louisiana Volunteers in Action (LAVA) at: <https://www.lava.dhh.louisiana.gov/agreement.php>.

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500 • Fax: (225) 755-7581 or (225) 612-7005

website: www.lsbn.state.la.us

VERIFICATION OF EMPLOYMENT FOR 60 DAY DISASTER PERMIT

Instructions:

This form must be completed by the company/institution representative requesting an RN to practice paid nursing in Louisiana during a declared state of emergency, when that nurse does not hold an active Louisiana nursing license.

Please return this completed/signed form back to the nurse so he/she can upload the document during the electronic application process.

PLEASE TYPE OR PRINT LEGIBLY

This is to certify that _____ has been hired

Print RNs name above

to provide nursing services in Louisiana for the below named state declared emergency:

Print above the name of disaster/emergency declared by the Governor of Louisiana

Company / Agency Name: _____

Mailing Address: _____

Contact Person: _____

Telephone Number: _____ **Fax Number:** _____

Email Address of Contact: _____

Print name of company/institution representative & title

Signature of the above company representative verifying disaster employment

Date