

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

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

RN DISASTER PERMIT APPLICATION INSTRUCTIONS

This application must be completed if either:

(A) you hold an active, unencumbered Registered Nurse (RN) license in another state and wish to request a Disaster Permit to practice in Louisiana

OR

(B) your LA RN license is inactive or retired and you wish to request a Temporary, Limited License for Administration of Covid-19 Vaccinations. This credential is issued and verifiable as a Disaster Permit.

See below and read all instructions for more details, descriptions and information about the two options (A and B).

The board may issue disaster relief temporary permits to individuals to practice as Registered Nurses (RNs) to provide gratuitous or non-gratuitous services in Louisiana during a public health emergency and for such periods thereafter as approved by the board. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the disaster permit will be recalled.

There is no fee to submit this application. RNs wishing to provide services in Louisiana beyond the public health emergency should apply for licensure in Louisiana if they do not hold an active multistate license in another compact state.

If you currently have an application for RN licensure pending/processing, please do not submit this application. Contact the staff member(s) processing your application to review your needs and options for a permit to practice.

A. Disaster Permit

To be eligible for (A) a Disaster Permit the applicant must:

- hold a current unrestricted RN license in good standing in another state to practice as a registered nurse;
- complete the RN Disaster Permit Application;
- upload a copy of current/valid government issued photo identification (i.e. U.S. passport or driver's license) during the application process;
- upload the Verification of Employment for 60 Day Disaster Permit during the application process if you will be providing services in a non-gratuitous/paid position;
- register with Louisiana Department of Health, Louisiana Volunteers in Action (LAVA) at: <https://www.lava.dhh.louisiana.gov/agreement.php> and be approved and assigned to a project/facility prior to submitting this application if you will be providing gratuitous nursing services.

The temporary disaster permit as per will be valid for sixty (60) days from the date of issuance and is valid for practicing in Louisiana.

Individuals who have been issued a disaster permit should refer to themselves as a "RN" after signatures on records.

After the disaster permit is issued, the permit, including its expiration date, can be verified on LSBN's licensure verification page: [License Lookup \(boardsnursing.org\)](https://www.louisiananursing.org/license-lookup)

B. Temporary, Limited License

The Temporary, Limited License issued as a Disaster Permit allows solely for tasks directly related to the administration and delegation of COVID-19 vaccinations in Louisiana. The Temporary, Limited License issued as a Disaster Permit does not authorize the licensee to practice to the fullest extent or scope of practice of the RN. By submitting this application and selecting this option, you are attesting that you understand the limitations of the temporary, limited license. If you wish to apply for reinstatement of the RN license which would allow you to practice to the fullest extent or scope of practice of the RN in Louisiana, submit and complete the separate reinstatement application and await approval.

To be eligible for (B) a Temporary, Limited License (issued as a Disaster Permit) the applicant must:

- have a retired or inactive Registered Nurse license previously issued in Louisiana;
- be eligible for reinstatement of a retired or inactive Registered Nurse license previously issued in Louisiana;
- have previously held an unencumbered RN license at the time of retirement or inactivation;
- complete the RN Disaster Permit Application;
- not be currently enrolled in an alternative to discipline program or have discipline on a license in another jurisdiction;
- upload a copy of current/valid government issued photo identification (i.e. U.S. passport or driver's license) during the application process.

All individuals administering the vaccine must be competent in the informed consent process, COVID-19 vaccine administration, vaccine reconstitution, storage requirements, side effects, emergency management of adverse reactions, record-keeping, waste and disposal and all other aspects of vaccine administration and delegation.

The Temporary, Limited License (issued as a Disaster Permit) will be valid for one year from the date of issuance and is valid for practicing in Louisiana. Applicants may re-apply if availability of the application and permit remains available as determined appropriate and necessary by the board.

Individuals who have been issued a Temporary, Limited License (issued as a Disaster Permit) may refer to themselves as a "RN" after signatures on records.

After the Temporary, Limited License is issued, the permit can be verified, including its expiration date, on LSBN's licensure verification page: [License Lookup \(boardsfnursing.org\)](https://boardsfnursing.org)

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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