

APPLICATION FOR TEMPORARY PERMIT – NURSE
EMPLOYER CERTIFICATION FORM

READ CAREFULLY: This form must be submitted **by the employer** to the Hawaii Board of Nursing via email (nursing@dcca.hawaii.gov) or mail (Board of Nursing, P.O. Box 3469, Honolulu, HI 96801). Employer signatures must be hand signatures or digital signatures (i.e. Docusign), NOT typed signatures (i.e. "/s/ John Smith"). **We will NOT accept employer certifications provided by the applicant.**

I, Agent for the Hawaii Health Care Entity named below, certify that the Temporary Permit Applicant named below will be employed by the Hawaii Health Care Entity on the Employment Start Date listed below or upon issuance of a temporary permit, whichever is later. I further certify that it is my responsibility to notify the Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division, in writing if the Temporary Permit Applicant leaves the employ of the Hawaii Health Care Entity.

Name of Temporary Permit Applicant _____

Employment Start Date _____

Name of Hawaii Health Care Entity _____

Address of Hawaii Health Care Entity _____

Agent for Hawaii Health Care Entity (Print Your Name) _____

Agent's Position/Title at Hawaii Health Care Entity _____

Email Address of Hawaii Health Care Entity _____

Signature of Hawaii Health Care Entity Agent

Date