



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF NURSING  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

INVOICE STATEMENT FOR INFUSION THERAPY PROGRAM FEE

FROM: State Board of Nursing

DESCRIPTION: Infusion Therapy Program Fee

INVOICE DATE:

DUE DATE: 60 Days from the Invoice Date

AMOUNT DUE: \$285.00

PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA (CHECK OR MONEY ORDER)

INSTRUCTIONS: Complete all fields, return by postal service to the above address with the required fee.

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1. PROGRAM NAME:  
(PROVIDE THE PROGRAM NAME EXACTLY AS IDENTIFIED ON THE APPLICATION SUBMITTED)

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2. PROGRAM TYPE: (RN or PN) \_\_\_\_\_