

Pennsylvania State Board of Nursing
2525 N. 7th Street
Harrisburg PA 17110



Pennsylvania State Board of Nursing
P O Box 2649
Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

INVOICE STATEMENT

INVOICE DATE:	Month	Day	Year
DUE DATE:	Month	Day	Year

NAME OF CONTROLLING INSTITUTION:	
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NAME OF PROGRAM:	
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☐ **New program proposal**

Application Number: AA000 _____

☐ **Existing program**

PALS License Number: PRO _____

<input type="checkbox"/>	Application for Approval of New Nursing Education Program	\$2,195.00
<input type="checkbox"/>	Curriculum Revisions Review	\$585.00
<input type="checkbox"/>	Evaluation of Course Relating to Authority for Prescribing, Dispensing & Ordering Drugs	\$285.00
<input type="checkbox"/>	Evaluation of an LPN Infusion Therapy Program	\$285.00
<input type="checkbox"/>	Evaluation of Program Relating to Continued Competency (Reactivation)	\$285.00
<input type="checkbox"/>	New Nursing Education Program Site Visit	\$1,525.00

Check or Money Order Payable To: Commonwealth of Pennsylvania

RETURN THIS FORM TO:
PENNSYLVANIA STATE BOARD OF NURSING
P O BOX 2649
HARRISBURG PA 17105-2649