



PENNSYLVANIA
Department of State

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Click the X at the upper right corner to close this window and return to the list of licensees.

Person Information

Name: JENNIFER CHALUPA CASTLE

Address Information

Address(city state zipcode): PHILADELPHIA PA 19123

License Information

Type:	Registered Nurse	Secondary Type:		Number:	RN527669L
Profession:	Nursing	Status:	Expired	Date This Status:	6/1/2002
Issue Date:	1/19/2000	Expires:	4/30/2002	Last Renewed:	1/19/2000

Discipline Action History

No disciplinary actions were found for this license.

The Information above is considered primary source for verification of license credentials.

SPOA 1612 (4/99)

COMMONWEALTH OF PENNSYLVANIA
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

REGISTERED NURSE EXAMINATION APPLICATION

STATE BOARD OF NURSING
EXAMINATION DIVISION
P. O. BOX 8411
HARRISBURG, PA 17105-8411
(717) 772-1746
www.dos.state.pa.us
email: nursing@pados.dos.state.pa.us

OFFICIAL USE ONLY

Registration Granted: _____

RN - _____ - L

Date Approved: 12/29

Approved By: (Signature)

PLEASE TYPE OR PRINT IN BLACK INK ALL INFORMATION

Month Day Year

1 [Redacted] [Redacted] [Redacted]
Social Security Number Date of Birth Telephone Number (during the day)

CASTLE
Last Name

JENNIFER
First Name

KATHLEEN
Middle Name

CHALUPA
Maiden Name

[Redacted] _____
Residence Address

[Redacted] _____
City State Zip Code

RECEIVED
STATE BOARD OF NURSING
HARRISBURG, PA 17105

2 SUBMIT THE REQUIRED FEE OF \$35.00 FOR PENNSYLVANIA GRADUATES OR \$65.00 FOR OUT-OF-STATE GRADUATES.

3 ARE YOU REQUESTING SPECIAL ACCOMMODATIONS? (If yes, submit a completed "Request for Accommodations" form.) Yes No

4 List all other last names you have used which you did not include in Box 1.

5 Have you ever been convicted* of any felony or misdemeanor, and/or do you currently have any criminal charges pending and unresolved, in any court? Yes No

Have you ever been convicted* of any crime associated with alcohol or drugs in any court? Yes No

*Conviction includes judgment, found guilty by a judge or jury, pleaded guilty ornolo contendere, received probation without verdict, disposition in lieu of trial, or ARD.

Have you ever withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in another state, territory, possession or country? A license includes a registration or certification Yes No

Have you ever had your license suspended or revoked or otherwise been the subject of disciplinary action by any licensing authority in another state, territory, possession or country? Yes No

If the answer to any question above is "yes", please attach an explanation and documentation.

6 APPLICANT AFFIDAVIT

I am of good moral character; and, if requested, I shall furnish evidence satisfactory to the Board of Nursing. To the best of my knowledge and belief this application contains no misrepresentation or falsification, omission or concealment of material fact, and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I understand that fees are non-refundable and that in the event of any computer error, hardware or software malfunction, or if the examination is not held for any reason, any claim I may have will be limited to the examination fee paid by me. I further understand that legal action may be brought against me if I act in any manner which jeopardizes the reliability, fairness, validity or security of the NCLEX® examination. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. 4911.

Jennifer K Castle

Applicant's Full Legal Signature

11/10/99

Date

7 Have you ever taken the State Board Test Pool Examination for Registered Nurse Licensure or the National Council Licensure Examination for Registered Nurses? Yes No

If yes, indicate state(s) _____ and date(s) _____

8 THE FOLLOWING SECTION IS TO BE COMPLETED AND SIGNED BY THE PRESENT DIRECTOR OF THE SCHOOL OF NURSING FROM WHICH THE APPLICANT IS A GRADUATE.

I hereby certify that Jennifer Kathleen Castle completed work
(Applicant Name)

equal to a standard high school course and was admitted to the University of Pennsylvania
(School Name)

2	5
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5	5	9
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 Program Code, located at 620 Guardian Drive Philadelphia, PA 19104
(Address)

SECOND DEGREE

He/She has successfully completed the program approved by the State Board of Nursing covering 2

12 months or 10 months or 99 years. While in this education program, he/she was of

satisfactory scholastic standing. I hereby certify that the above statement is true and correct and affix my

hand and seal of the School of Nursing this 14 day of December 1999
(MONTH) (YEAR)

Simon R B...
(Director, School of Nursing)

SCHOOL OR HOSPITAL SEAL

University of Pennsylvania
(Name of Controlling Agency)

If there is no seal to the School, affix Hospital Seal or Affidavit

Philadelphia PA 19104
(City) (State) (Zip Code)

TYPE: ADN BSN DIPLOMA

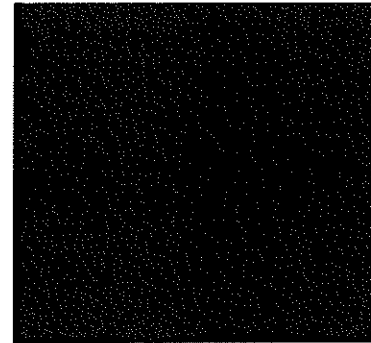
NCLEX-RN® CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses



National Council
of State Boards of Nursing, Inc.

Test Date: 01/15/2000
Test Center: S1726

Candidate Number: 088-44-204
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
Program Code: 25-559
Program Name: UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA, PA



JENNIFER KATHLEEN CASTLE
[REDACTED]

JENNIFER KATHLEEN CASTLE, an applicant for licensure by the PENNSYLVANIA STATE BOARD OF NURSING, HAS PASSED the National Council Licensure Examination for Registered Nurses.