### Checklist Instructions for Reinstatement Application: Clinical Nurse Specialist Registration

Check One:
- [ ] Reinstatement
- [ ] Reinstatement After Discipline

Pursuant to Virginia nursing regulation [18 VAC 90-19-210](http://www.dhp.virginia.gov/nursing) a Clinical Nurse Specialist whose registration has lapsed for more than two (2) years or has been revoked or suspended shall apply for reinstatement.

**Note:** Virginia is a compact state under the Enhanced Nurse Licensure Compact (eNLC). If your primary state of residence (PSOR) is a compact state, you must apply for licensure in your PSOR (compact state). If your primary state of residence is Virginia or a non-compact state, and your Virginia license has been expired for more than two years, you may apply in Virginia for reinstatement. Indicate on the application your primary state of residence. For current information on the NLC go to: [https://www.ncsbn.org/nurse-licensure-compact.htm](https://www.ncsbn.org/nurse-licensure-compact.htm).

### Requirements

**Requirements** are listed below to submit an application for Reinstatement of Clinical Nurse Specialist Registration. Check applicable COMPLETED items that are included with your application:

- [ ] Completed Reinstatement application and required fee ($125): Fees must be paid by check or money order, made payable to The Treasurer of Virginia. An application will not be reviewed or considered until payment is submitted. **Fees are non-refundable.**

- [ ] Current license as a registered nurse in Virginia or a current multistate licensure privilege as a registered nurse: must meet this requirement to be eligible to reinstate a clinical nurse specialist registration.

- [ ] Current national clinical nurse specialist certification in accordance with Virginia Code § 54.1-3018.1.

### Additional Information:

- The VBON may request additional evidence that the nurse is prepared to resume practice in a safe, competent manner.
- Nursing laws and regulations may be obtained at [www.dhp.virginia.gov/nursing](http://www.dhp.virginia.gov/nursing).
- Documents submitted with the application are property of the Board and cannot be returned.

**This completed instruction checklist must be submitted with application**

Revised: 5/1/18
I hereby make application to reinstate my registration as a Clinical Nurse Specialist in the Commonwealth of Virginia. The following information in support of my application is submitted with a check or money order made payable to the Treasurer of Virginia in the amount of $125. The fees are non-refundable.

Disclosure of Addresses
Pursuant to Virginia Code § 54.1-2400.02 addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available complete both sections with same address.

Disclosure of Social Security or DMV Control Numbers
Pursuant to Virginia Code § 54.1-116 (A), you are required to submit your social security number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.

1. **APPLICANT INFORMATION** - provide the information requested below and on all pages. (Print or Type) Use full name, not initials.

<table>
<thead>
<tr>
<th>Applicant Type (Check One):</th>
<th>Reinstatement</th>
<th>Reinstatement After Discipline</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle/Maiden</th>
<th>Suffix</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of Record (Mailing Address)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Publicly Disclosable Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Full Name at Time of Initial Licensure/Registration:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Social Security Number or Virginia DMV Control Number*:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ / ___ ___ / ___ ___ ___ ___</td>
<td></td>
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</tbody>
</table>

| Virginia CNS Registration Number: | |
|-----------------------------------| |

**DECLARATION OF PRIMARY STATE OF RESIDENCE**

I declare that the state of: ______________________ is my Primary State of Residence and that such constitutes my permanent and principal home for legal purposes. (*If not VA, refer to Compact info on the Instruction page).
2. EMPLOYMENT INFORMATION

If employed, list your current Employer and job title:

Employer: 
Job Title (position title): 

3. LICENSURE HISTORY/QUESTIONS (pertains to any license or certificate ever issued to applicant)

CURRENT LICENSE INFORMATION

I hold an ACTIVE (Check Applicable Items):

- Virginia RN License #: 
  Expiration Date: 

- Compact Multi-State RN License #: 
  State: 
  Expiration Date: 

Answer YES or NO to EACH of the following:

1. Have you ever had disciplinary action taken against any license/registration/certificate to practice in a state or against your multi-state privilege to practice in a state? YES ☐ NO ☐

2. Have you ever voluntarily surrendered any license/registration/certificate or multi-state privilege issued to you to avoid disciplinary action? (Does not include allowing your license to expire or placing the license in inactive status.) YES ☐ NO ☐

3. Have you ever had any of the following disciplinary actions taken against your license/registration/certificate or multi-state privilege by any licensing authority in any jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES ☐ NO ☐

4. Have you ever applied for and been denied a license/registration/certificate or multi-state privilege in a health related field or jurisdiction? YES ☐ NO ☐

5. Have you ever been the subject of an investigation by any licensing authority? YES ☐ NO ☐

6. Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence and reckless driving but excluding other traffic violations)? *YES ☐ NO ☐ Information Previously provided ☐

7. Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? YES ☐ NO ☐
   A. If YES, detail under Explanation section.
   B. Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES ☐ NO ☐

8. Within the past five (5) years, have you been disciplined by any entity? YES ☐ NO ☐
   A. If YES, detail under Explanation section and provide any associated orders or letter from entity.
   B. Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES ☐ NO ☐

9. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? *Currently means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing nurse.
   YES ☐ NO ☐
   A. If YES, detail under Explanation section. (Note: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board).
### 10. Mental Health Condition or Impairment

Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing nurse.

**Answer:**
- Yes [ ]
- No [ ]

A. If YES, detail under Explanation section. *(Note: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board).*

### 11. Alcohol or Substance Use

Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing nurse.

**Answer:**
- Yes [ ]
- No [ ]

A. If YES, detail under Explanation section. *(Note: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board).*

### 12. Disciplinary Action

Within the past five (5) years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? **YES** [ ] **NO** [ ]

A. If YES, detail under Explanation section. *(Note: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application or have the program send this documentation directly to the Board).*

### 4. Military Questions

13. Are you an active member or veteran of the U.S. military? **YES** [ ] **NO** [ ]

14. Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? **YES** [ ] **NO** [ ]

### Explanations Section

*(If no information provided here: line through Section; or attach additional pages)*

### Certification

I certify by entering my signature below, I am the person applying for licensure/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me and that statements made on the application are true and complete. I understand that providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.

**Signature:** ___________________________

**Date:** __________________________