CHECKLIST INSTRUCTIONS
REPEAT EXAMINATION APPLICATION

✓ REQUIREMENTS are listed below to submit an application for Licensure by Repeat Examination. Please check applicable items that are included with your application:

☐ Completed application and required fee: Fees must be paid by certified check, cashier’s check or money order, made payable to The Treasurer of Virginia. Your application will not be reviewed or considered until you have submitted payment and fees are non-refundable.

☐ Completed criminal history background check required by Virginia Code § 54.1-3005.1: Contact the VBON CBC unit for your Fieldprint Code that is required to register for fingerprinting. More information for initiating the CBC may be found at VBON CBC Info.

☐ Register with Pearson Vue: Online at www.pearsonvue.com/ncllex or by phone at 1-866-496-2539. You can pay with either credit or debit using one of the following: Visa, MasterCard or American Express.

☐ Download the complete NCLEX Candidate Bulletin from the following website: www.pearsonvue.com/ncllex for instructions and important information concerning taking the NCLEX and scheduling your appointment to test.

✓ OTHER INFORMATION:

➢ Supporting Documents:

• Name Change: If your name on the repeat application is different from the name on file with your original application, a copy of your marriage certificate, naturalization certificate or the court order authorizing the change.

➢ Additional Information:

• Nursing laws and regulations may be obtained at www.dhp.virginia.gov/nursing.

• Documents submitted with the application are property of the Board and cannot be returned.

• An incomplete application for licensure will be retained on file only as required for audit. If not completed within one year, a new application may be necessary.

PLEASE INCLUDE THIS COMPLETED INSTRUCTION CHECKLIST WITH PAPER APPLICATION
APPLICATION FOR LICENSURE BY REPEAT EXAMINATION

I hereby make application for licensure by examination as a Registered or Practical Nurse in the Commonwealth of Virginia. The following evidence of my qualifications is submitted with a check or money order in the amount of $50.00 made payable to the Treasurer of Virginia. The application fee is 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 please 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. Under Virginia Code § 54.1-116 (B), foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.

1. Personal Information

APPLICANT – Please provide the information requested below and on the next two pages. (Print or Type) Use full name, not initials.

<table>
<thead>
<tr>
<th>Applicant Type (Check One):</th>
<th>RN</th>
<th>LPN</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>

Previous Names Used (if applicable or write N/A for not applicable):

Address of Record (Mailing Address):

City: State Zip: Telephone Number:

Publicly Disclosable Address:

City: State Zip Telephone Number:

Email Address:

Date of Birth: __/__/____

Social Security Number OR Virginia DMV Control Number*:

Print your name as you wish it to appear on your license:

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. 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, but excluding traffic violations)? YES □ NO □ If yes: detail under Explanation section and have a certified copy of the court order(s) sent directly to the Board of Nursing. If this conviction was approved with your initial application for licensure by examination please check YES and state that the documents are on file with the Board.

3. Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice as a nurse? YES □ NO □ If yes, explain below and have a letter from your treating licensed professional summarizing your diagnosis, treatment and prognosis, sent directly to the Board of Nursing.

4. Do you wish to have accommodation for taking the NCLEX due to a disability? YES □ NO □

   a. If yes, and you are requesting accommodations for the first time, please provide the documentation listed below. If you were approved for accommodations with your initial application for licensure by examination please state that the documents are on file with the Board.

   b. Applicants who wish to request accommodations because of a disability must complete the application for licensure by examination and submit along with the application and fee the following documentation to the Board of Nursing office:

      1. A letter of request from the candidate that specifies the testing accommodations being requested;
      2. A written report of an evaluation (educational, psychological, or physical) within the preceding two years from a qualified professional which states a diagnosis of the disability, describes the disability, and recommends specific accommodations;
         - This evaluation should include a professionally recognized diagnosis of the disability and identification of the standardized and professionally recognized tests/assessments given (e.g. Woodcock-Johnson, Wechsler Adult Intelligence Scale);
         - If testing was completed more than two years prior to this request, a physician or psychologist must provide a summary stating why current testing is not needed (e.g. the disability does not change over time and new testing would not reveal new information);
         - The scores resulting from testing, interpretation of the scores, and evaluations;
         - The recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability; and
      3. A written statement from the Program Director (or designee) of the nursing or nurse aide education program which describes any testing accommodations made while the student was enrolled in the program.

The above information may be sent at the same time as the application or after the application has been submitted, but must be received within twelve months of submitting the application.
PLEASE BE SURE THAT YOU HAVE ANSWERED EACH OF THE ABOVE QUESTIONS.

EXPLANATION:

Attach additional pages if necessary.

CERTIFICATION

I certify by entering my signature below, I am the person applying for licensure 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: 

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