

COMMONWEALTH OF VIRGINIA
Department of Health Professions - Board of Nursing
 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463
 Phone: (804)-367-4515 www.dhp.virginia.gov/nursing

APPLICATION FOR RESTRICTED VOLUNTEER LICENSE

Virginia Code § 54.1-3011.01. Restricted volunteer license for registered or practical nurses. The Board may issue a restricted volunteer license to a registered or practical nurse who, within the past five years, held an unrestricted active license as a registered or practical nurse issued by the Board or another state, which was in good standing at the time the license expired or became inactive. A restricted volunteer license shall only be valid in the Commonwealth and shall not confer any multistate licensure privilege.

Virginia Code § 54.1-2957.001. Restricted volunteer license for nurse practitioners. The Board of Medicine and the Board of Nursing may jointly issue a restricted volunteer license to a nurse practitioner who (i) within the past five years held an unrestricted license as a nurse practitioner in the Commonwealth or another state that was in good standing at the time the license expired or became inactive and (ii) holds an active license or a volunteer restricted license as a registered nurse or a multistate licensure privilege. Note: A nurse practitioner holding a restricted volunteer license may obtain prescriptive authority pursuant to [Virginia Code § 54.1-2957.01](#).

I am applying for a **Restricted Volunteer License** for the following license type: (please check)

- Registered Nurse (\$95) Licensed Nurse Practitioner (\$65)
 Licensed Practical Nurse (\$85) Prescriptive Authority (\$38)

INSTRUCTIONS: If the space provided for any answer is insufficient, the applicant must complete his/her answer on a separate page, signed by him/her, specifying the question to which it relates and enclose the page with this application.
OMISSIONS OR INACCURACIES ARE GROUNDS FOR REJECTION

ENCLOSE A CHECK OR MONEY ORDER MADE PAYABLE TO TREASURER OF VIRGINIA

Name (Last, First, M.I.)	Date of Birth – (Mo/Day/Year)	Social Security # or DMV #
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Mailing Address (Street and/or Box Number, City, State, Zip Code)

Public Disclosable Address (Street and/or Box Number, City, State, Zip Code)

Home Telephone Number	Alternate Telephone Number	E-mail Address
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RECORD OF ALL PROFESSIONAL LICENSURE:

State	Profession	License Number	Issue Date	Expiration Date

- Has your license to practice in any state/jurisdiction been previously suspended or revoked? No Yes
If **yes**, give details, jurisdiction(s) and date(s) on a separate page.
- Have you ever been convicted of a violation or plead Nolo Contendere, to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, except convictions for driving under the influence)? No Yes
If **yes**, give details, jurisdiction(s) and date(s) on a separate page, and include a copy of the disposition/record *certified* by the Clerk of the Court.
- Do you have a mental, physical, or chemical dependency condition which could interfere with your current ability to practice as a nurse? No Yes
If **yes**, explain on a separate page and have a letter from your treating licensed professional summarizing your diagnosis, treatment and prognosis, sent **directly** to the Board of Nursing.

I acknowledge that the restricted volunteer license sought through this application shall only be valid in compliance with the law and Board regulations for practice within the limits of my license to practice in public health or community free clinics that provide services to underserved populations pursuant to [Virginia Code § 54.1-3011.01](#) and/or [Virginia Code § 54.1-2957.001](#).

By signing below, I also attest that I will not receive remuneration directly or indirectly for providing nursing services.

SIGNATURE: _____ DATE: _____

Rev: 5/2/16