



## INSTRUCTIONS FOR REGISTRATION FOR VOLUNTEER NURSING PRACTICE

Pursuant to Virginia Code [§ 54.1-3001.11](#) and Regulation [18 VAC 90-19-200](#), the following documentation is required to submit an application for Registration for Volunteer Nursing Practice:

- ✓ **Required** application supporting documents may be sent to [appsupportdocs@dhp.virginia.gov](mailto:appsupportdocs@dhp.virginia.gov).
- ✓ **Must include in the subject line of the email: *Name – Volunteer Practice Registration***

### REQUIREMENTS BELOW- Check applicable **COMPLETED** items that are included with your application:

<input type="checkbox"/>	Completed <b>Application</b> submitted to board <b>at least 5 business days prior</b> to engaging in such practice.
<input type="checkbox"/>	<b>Registration fee:</b> The fee for a Registration for Volunteer Practice is <b>\$10</b> and must be paid with a check or money order, made payable to <u>The Treasurer of Virginia</u> . Your application will not be reviewed or considered until you have submitted payment. <b>Fees are non-refundable.</b>
<input type="checkbox"/>	A copy of a current, valid unrestricted license to practice nursing. Applicants must hold a current, valid unrestricted license to practice nursing.  <b>NOTE: If you hold an unrestricted license or multi-state privilege (under the Enhanced Nurse Licensure Compact or eNLC) to practice nursing in Virginia you do <u>NOT</u> need to file this application to perform covered volunteer services<sup>1</sup>.</b> For current information on the eNLC go to: <a href="https://www.ncsbn.org/nurse-licensure-compact.htm">https://www.ncsbn.org/nurse-licensure-compact.htm</a> .
<input type="checkbox"/>	The name of the nonprofit organization, date(s) and location(s). <u>The complete address, including zip code, of the location(s) is required to complete your application.</u>
<input type="checkbox"/>	Completed <a href="#">Sponsor Certification for Volunteer Registration</a> form.

### INSTRUCTION CHECKLIST SHOULD BE INCLUDED WITH APPLICATION

Revised: 8/7/18

<sup>1</sup> Covered volunteer services are indicated in Virginia Code § 54.1-3001.11.



Virginia Department of  
**Health Professions**  
Board of Nursing

9960 Mayland Drive  
Suite 300  
Perimeter Center  
Henrico, Virginia 23233  
(804) 367-4515 [www.dhp.virginia.gov/nursing](http://www.dhp.virginia.gov/nursing)

**APPLICATION – VOLUNTEER PRACTICE REGISTRATION**

<input type="checkbox"/> Registered Nurse (RN)	<input type="checkbox"/> Licensed Practical Nurse (LPN)	<b>APPLICATION FEE: \$10</b>
<input type="checkbox"/> Licensed Nurse Practitioner (LNP)		

**INSTRUCTIONS:** Type or print clearly. If the space provided for any answer is insufficient, use a separate page to complete the answer(s), specifying the question to which it relates and enclose the page with this application. OMISSIONS OR INACCURACIES ARE GROUNDS FOR APPLICATION REJECTION. ENCLOSE A CHECK MADE PAYABLE TO: The TREASURER OF VIRGINIA

**It is not necessary to file this application if you hold a current unrestricted license or multi-state license to practice nursing in Virginia.**

Name (Last, First, M.I. Suffix, Maiden Name):	Last 4 digits of Social Security # or VA DMV Control #:
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Mailing Address (Street and/or Box Number, City, State, Zip Code):

Area Code and Phone Number: (     )	Email Address:
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**RECORD OF ALL PROFESSIONAL LICENSURE:**

State	Profession	License Number	Issue Date	Expiration Date

Answer the following question:

- Has your license to practice in any state/jurisdiction been previously suspended or revoked? Yes  No
- If you answered **YES** to the above question, provide details, jurisdiction(s) and date(s) on a separate page and include copies of any Board Orders or conviction disposition records, *certified* by the Clerk of the Court.

Dates of Volunteer Practice:	Location of Volunteer Practice:
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<b>Sponsoring Organization:</b>	<input type="checkbox"/> Remote Area Medication (RAM)	<input type="checkbox"/> Other: Full Name organization:
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**ATTACH A COMPLETED CERTIFICATION FORM FROM THE SPONSORING ORGANIZATION**

I acknowledge that the license exemption sought through this application shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, non-profit organization on the dates and at the location filed with this Board.

Signature:	Date:
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**FOR OFFICE USE ONLY: FINANCE SECTION**

**FOR OFFICE USE ONLY: VBON STAFF**

Fee Received: <input type="checkbox"/>	Applicant Id #	Receipt #	Registration #:	Issue Date:
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