



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

**CHECKLIST INSTRUCTIONS
REINSTATEMENT OF ADVANCED NURSE AIDE
CERTIFICATION**

Enclosed Fee: \$30 (Non-refundable)

Fee is payable by check or money order to: *Treasurer of Virginia*

Pursuant to Virginia nursing regulation [18 VAC 90-25-120](#) if an advanced nurse aide certificate has lapsed for more than ninety (90) days an application for reinstatement is required.

To be eligible for reinstatement of an advanced nurse-aide certificate you must: (1) hold a current nurse aide certificate; and (2) have completed the required continuing education/training for advanced nurse aides (includes: three contact hours per year of continuing education and training in any of the competency areas identified in the advanced certification training program) within the two years preceding the expiration of your advanced nurse aide certificate AND within two years of from the date the Board of Nursing receives your reinstatement application.

Note: Applications and fees are only retained for one (1) year only. If not all requirements are met within 1 year of the Board receiving the application and fee, a new application and fee will be required.

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

Completed Reinstatement Application and required Fee (\$30): 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 nurse aide certificate

Completed continued competency requirements: Provide evidence of completing **at least three (3) contact hours per year** of continuing education and training in any of the competency areas identified in the advanced certification training program as specified in [18 VAC 90-25-140](#) during the two (2) years immediately preceding application for reinstatement.

OR (If Applicable)

I have enclosed from the clerk(s) of court, certified copies of all criminal conviction records OR if court records have been destroyed, a criminal history report from the Virginia State Police; and/or orders or actions from other state(s).

Additional Information:

- The VBON may request additional evidence that the nurse aide is prepared to resume practice in a safe, competent manner.
- Application processing times are between 30-45 **business** days to complete.
- Check your application status by going to your application portal at: <https://www.license.dhp.virginia.gov/apply/Login.aspx>.
- 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.
- All supplemental documents requested may be emailed to: nurseaide@dhp.virginia.gov.

**APPLICATION FOR REINSTATEMENT
ADVANCED NURSE AIDE CERTIFICATE**

Check One (Fee is \$30):

- Reinstatement of Lapsed (Expired) Certificate
 Reinstatement After Suspension or Revocation of Certificate

To Be Completed by Finance Division

To Be Completed by Board of Nursing Staff

Fee \$30

Receipt #:

Date Received:

Date Certified:

INCLUDE A \$30 CHECK OR MONEY ORDER MADE PAYABLE TO: **TREASURER OF VIRGINIA**
THIS APPLICATION FEE IS NONREFUNDABLE- PLEASE MAIL: A FAXED APPLICATION CANNOT BE ACCEPTED

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.

APPLICANT INFORMATION

Name – Last		First		Middle		Maiden	
* Current MAILING Address/Address of Record (Include Apt./Lot Number)				City		State	Zip Code
Publicly Disclosable Address (e.g. work or practice location)				City		State	Zip Code
Date of Birth		**Social Security or DMV Number				Virginia Certificate Number	
						1401-	
E-mail address:				Telephone Number			
School Name of Nurse Aide Education Program				Location (City/State)		Date of Graduation (At least year graduated)	

Name(s) on registry if does not match name provided above:

Last		First		Middle		Maiden	
------	--	-------	--	--------	--	--------	--

If name has changed since receiving your MOST CURRENT certificate to practice as a certified nurse aide or advance practice certificate, submit a copy of the marriage certificate or court order authorizing the change of name (i.e., divorce decree, immigration papers, etc.) with this application. YOUR NAME CANNOT BE CHANGED WITHOUT THIS DOCUMENTATION.

MARK THE APPROPRIATE RESPONSE TO THE FOLLOWING QUESTIONS:

1. Have you ever been convicted, pled guilty to, or pled no contest to the violation of any federal, state, or other law constituting a felony or misdemeanor, including convictions for driving under the influence (DUI) but excluding traffic violations?
YES NO OR PREVIOUSLY PROVIDED

If YES, detail facts, circumstances about the situation and steps taken to ensure that it does not happen again in Explanation Section.
Submit: (a) all certified court documents from the clerk of the court for each conviction to include proof of fines paid, restitution, probation reports, completion of community service, VASAP etc. OR if court records have been destroyed by the court, submit a criminal background report from the Virginia State Police; and (b) letter(s) from nursing employers or clinical supervisor (if recently completed program) regarding your work performance and reliability.

2. Have you ever had action taken against or been denied a license or certificate in a health-related field? YES NO

If YES, facts, circumstances about the situation and steps taken to ensure that it does not happen again in Explanation Section.

Submit: copy of all orders/actions.

Respond in full to the following questions. You may provide required details in the Explanation section on page 3

- A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients?
YES NO

If yes, provide a full explanation. Note: The Board may ask for additional documentation.

- B. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? YES NO

If no, provide a full explanation. Note: The Board may ask for additional documentation.

- C. Within the past five 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

If yes, provide a full explanation. Note: The Board may ask for additional documentation.

- D. Within the past five years, have you been disciplined by any entity? YES NO

If yes, provide a full explanation and any associated orders or letters from the entity.

- E. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? YES NO

If yes, provide a full explanation and any associated orders or letters from the entity. (**NOTE:** The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may provide this documentation with your application, or have the program send this documentation directly to the Board.)

If you answered any of the above questions that require additional information, provide details in the Explanation Section (page 3 below) and have certified copies sent directly from the court of any applicable court documents, Board Orders, etc. sent directly to the VBON.

- All supplemental documents requested may be emailed to: nurseaide@dhp.virginia.gov.

3. MILITARY QUESTIONS:

- A. Are you an active member or veteran of the U.S. military? YES _____ NO _____
- B. Are you a **spouse** of someone who is on federal active-duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one (1) year of submission of this application **and** who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia? YES _____ NO _____

Application: Reinstatement of Advanced Nurse Aide Certificate

Continued Competency Requirements: Please provide evidence that you have completed **at least three contact hours per each year your certificate has been expired** through submission of a letter from your supervisor on company letterhead OR a request for the Board to consider an extension or waiver of such continuing education requirements based upon the following good cause: (Attach additional pages, if necessary)

--

EXPLANATION SECTION may be used to detail answers to questions on page 2 (If no information provided here: line through Section; or Attach additional pages if necessary): PLEASE REFERENCE THE QUESTION NUMBERS IN YOUR RESPONSE BELOW.

SIGN AND DATE CERTIFICATION BELOW

CERTIFICATION

I certify by entering my signature below, I am the person applying for licensure/certification/registration and I 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/certificate/registration.

Signature (Full Legal Name): _____	Date: _____
---	--------------------