



Please Email the completed Declaration Form to:

- appsupportdocs@dhp.virginia.gov
 - Subject Line: Declaration Form – VA License #*
(*if applicable include prior VA license #)
- Main: (804) 367-4515
www.dhp.virginia.gov/Boards/Nursing

**DECLARATION OF PRIMARY STATE OF RESIDENCE FORM UNDER THE
NURSE LICENSURE COMPACT**

Last Name:		First Name:	
Virginia License # / Applicant #:		Last 4 SSN #:	Date of Birth (mm/dd/yyyy):
Street Address: (Is this a change? <input type="checkbox"/> Yes <input type="checkbox"/> No)		City	State Zip
Email:		Phone:	

If your Virginia license has expired because you reside in a *compact* state other than Virginia OR if you are moving into Virginia from another *compact* state, please provide proof of residency with ONE (1) of the following:

- Copy of Virginia Driver’s License
- Copy of Virginia Voter Registration Card
- Copy of Military Form No. 2058

In accordance with [Virginia Code § 54.1-3040.4](#), I hereby DECLARE the following as my primary state of residence (*home state*) and that such constitutes my permanent and principal home for legal purposes. (“Primary State of Residence” is defined as: the state of a person’s declared fixed permanent and principal home or domicile for legal purposes).

*I DECLARE my primary state of residence is:	
I INTEND to primarily practice in the state of:	
I CURRENTLY practice in the following states:	

***NOTE:** If you changed your Primary State of Residence to a *compact* state other than Virginia, you will need to contact that state and obtain licensure in your new *home state* as soon as possible. Virginia will expire-compact your Virginia license since you declared another *compact* state.

Under the *NLC*, in order to receive a license with *multi-state privilege*, applicants must meet all [Uniform Licensure Requirements](#) (ULRs) in accordance with [Virginia Code § 54.1-3040.3 C](#). The omission of this information may delay receipt of your license and/or affect the compact designation printed on the license.

Please review and provide a response by checking the **applicable** box below regarding the Uniform Licensure Requirements:

- I meet all **Uniform Licensure Requirements** to maintain a license with *multi-state privilege* under [Virginia Code § 54.1-3040.3 C](#).
- I do not meet the **Uniform Licensure Requirements** and request a single state license (**Valid VA Only**).

By signature below, I ATTEST to the accuracy of the information provided.

Signature:	Date:
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