



**CHECKLIST INSTRUCTIONS
REINSTATEMENT APPLICATION AFTER
DISCIPLINE (SUSPENSION OR REVOCATION)**

Check One: RN LPN
Fee: \$300

**Check here if you are requesting reinstatement after a
Mandatory Suspension**

Pursuant to Virginia nursing regulation [18 VAC 90-19-190](#) a Nurse whose license was **suspended** or **revoked** may apply for reinstatement. If previous license(s) **revoked**, **must wait until three (3) years have elapsed from the revocation order entry date.**

Note: Virginia is a compact state under the Nurse Licensure Compact (NLC). Under the NLC, to receive and/or maintain an RN/LPN license with multi-state privilege(s), an applicant must meet all Uniform Licensure Requirements in accordance with [Virginia Code § 54.1-3040.3 C](#). If you do **not** meet all **Uniform Licensure Requirements (ULRs)** OR reside in a 'non-compact' state, you may be eligible for a single-state license authorizing practice only in Virginia.

If your **primary state of residence (PSOR)** is a **compact** state, you must apply for licensure in your PSOR (compact state). If your primary state of residence is Virginia or a non-compact state, and your Virginia license has been **expired for more than two years**, you may apply in Virginia for reinstatement. Indicate on the application your primary state of residence. **For current information on the NLC go to:** <https://www.ncsbn.org/nurse-licensure-compact.htm>.

REQUIREMENTS are listed below to submit an application for Reinstatement.
Check applicable COMPLETED items that are included with your application:

Completed Reinstatement Application and required Fee: Fees must be paid by check or money order, made payable to The Treasurer of Virginia. Your application will not be reviewed or considered until you have submitted payment. **Fees are non-refundable.**

Completed criminal history background check required by [Virginia Code § 54.1-3005.1](#): Within 7-10 **business** days after **confirmed payment receipt** for your filed application, you will receive a **Fieldprint Code**. This code is required to register for fingerprinting, which must be done exclusively through [Fieldprint Va](#). You must have a **confirmed application filed** with VBON **prior** to registering for fingerprinting. If you do **not** receive your **Fieldprint Code** within 7-10 **business** days, you may contact the [VBON CBC unit](#).

Completed continued competency requirements: Provide evidence of completing at least one (1) of the learning activities or courses specified in [18 VAC 90-19-160](#) during the two (2) years immediately preceding application for reinstatement*. Applicable regulation regarding supporting documentation for compliance should be reviewed at: [18 VAC 90-19-170](#). **{*30 contact hours required without active practice} OR {15 contact hours required with a minimum of 640 hours of active practice}**. * Above continuing education requirements do not apply to reinstatement after a mandatory suspension by the Director of the Department of Health Professions (DHP) pursuant to [Virginia Code § 54.1-2409](#).

I have completed the continued competency requirements.

The Board **may** waive all or part of the continued competency requirement(s) for a nurse who holds a **current, unrestricted license in another state** AND who has engaged in **active practice** during the period the Virginia license was lapsed. **Evidence** must be provided to request that the VBON waive continued competency requirements.

By checking this box, I am requesting VBON consider waiving continued competency requirements by providing **written verification** of active licensure and active practice during the time my license was expired to include:

- copy of current license (**only for non-NURSUS participating states**);
- letter from employer on official letterhead verifying: name/position/dates of employment; copy of a recent pay stub with: name/position/name of the medical facility.

Additional Information:

- The VBON may request additional evidence that the nurse is prepared to resume practice in a safe, competent manner.
- Nursing laws and regulations may be obtained at www.dhp.virginia.gov/Boards/Nursing.
- Documents submitted with the application are property of the Board and cannot be returned.

THIS COMPLETED INSTRUCTION CHECKLIST MUST BE SUBMITTED WITH APPLICATION



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/Boards/Nursing

RN-LPN Reinstatement After Discipline Application (Suspension or Revocation)

FOR OFFICE USE ONLY (COMPLETED BY FINANCE DIVISION)

BON Staff Only

Fee paid/Check one/both:

Applicant ID#:

Receipt #:

Date Approved:

- RN (\$300)
 LPN (\$300)

I hereby make application to reinstate my nursing license in the Commonwealth of Virginia. The following information in support of my application is submitted with a **check or money order** made payable to the *Treasurer of Virginia*. **The fees are 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 publically 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.

1. APPLICANT - provide the information requested below and on all pages. (Print or Type) Use full name, not initials.		Applicant Type (Check One): <input type="checkbox"/> RN <input type="checkbox"/> LPN		Mandatory Suspension: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name: Last		First		Middle/Maiden	
Address of Record (Mailing Address)		City		State	Zip
Publicly Disclosable Address		City		State	Zip
Telephone Number					
Email Address:					
Date of Birth ____ / ____ / _____		Social Security Number or Virginia DMV Control Number (SSN required for permanent license)			
Virginia RN or LPN License Number		Full Name at Time of Initial Licensure:			
DECLARATION OF PRIMARY STATE OF RESIDENCE					
I declare that the state of: <input type="text"/> 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. EMPLOYMENT INFORMATIONIf employed, list your **current** Employer and job title:

Employer:

Job Title (position title):

3. UNIFORM LICENSURE REQUIREMENTS (REQUIRED ANSWER TO OBTAIN/RETAIN MSL)

In order to receive a license with multi-state privilege(s), an applicant must meet all [Uniform Licensure Requirements](#) in accordance with [Virginia Code § 54.1- 3040.3 C](#). If you do not meet all Uniform Licensure Requirement (ULRs) OR you reside in a 'non-compact' state, you may be eligible for a single-state license authorizing practice only in Virginia. For current information on the NLC go to: <https://www.ncsbn.org/enhanced-nlc-implementation.htm>.

a. Do you meet all [Uniform Licensure Requirements](#) in accordance with [Virginia Code § 54.1- 3040.3 C](#)? YES *NO

If No, provide details in **Explanation Section**.**4. LICENSURE HISTORY/QUESTIONS (pertains to any license or certificate ever issued to applicant)**

• List **current** state(s) of practice:

Answer **YES** or **NO** to *EACH* of the following:

1. Have you **ever** had disciplinary action taken against **any** license/registration/certificate to practice in a state or against your multi-state privilege to practice in a state? YES NO ***Discipline only in VA – check here:**
2. Have you ever voluntarily surrendered any license/registration/certificate or multi-state privilege issued to you to avoid disciplinary action? (Does not include allowing your license to expire or placing the license in inactive status.) YES NO
3. Have you ever applied for and been **denied** a license/registration/certificate or multi-state privilege in a health-related field or jurisdiction? YES NO
4. Have you ever been the subject of an investigation by any licensing authority? YES NO
5. Have you ever been convicted of a violation of local, state or federal statute, regulation or ordinance, or entered into any plea agreement relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence and reckless driving). Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed. YES NO ***Information Previously provided to the Board – check here:**
6. 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.
7. 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.
8. 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.
9. 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.
10. Within the past five 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.)

6. List below all of your employers since your license was suspended or revoked. Include addresses, telephone number, dates of employment and reason for leaving.

Employer Name (Current/Most Recent Employer First)	City/State	Employment Start Date	Employment End Date	Reason for Leaving

7. List below any educational offerings you have participated in since your license was suspended or revoked.

Name of Education Offering or Program	Dates of Participation

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:

Date: