



**CHECKLIST INSTRUCTIONS
REINSTATEMENT APPLICATION**

Check One or Both (if applicable):

APRN (\$150)

RX Authority (\$35)

Pursuant to Virginia nursing regulation [18 VAC 90-30-110](#) and [18 VAC 90-40-60](#) an Advanced Practice Registered Nurse whose license and/or license with Prescriptive Authority (RX Authority) has lapsed for more than one (1) renewal period (over 2 years) shall apply for license reinstatement. **However, if your license is not active because of a suspension or revocation you must file a different (reinstatement) application.**

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

Completed Reinstatement Application and required Fee(s): 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 license as a registered nurse in Virginia or a current multistate licensure privilege as a registered nurse: must meet this requirement to be eligible to reinstate an Advanced Practice Registered Nurse license.

Current unrestricted license as an Advanced Practice Registered Nurse in Virginia: must meet this requirement to be eligible to reinstate RX Authority.

Current professional certification in the specialty area of practice issued by the appropriate certifying agency identified in [18 VAC 90-30-90](#).

Completed continuing competency requirements indicated for Advanced Practice Registered Nurse licensure renewal in accordance with [18 VAC 90-30-105](#) and [18 VAC 90-40-55](#) (RX Authority requirements) during the (2) years immediately preceding application for reinstatement. ***For RX Authority:** you must have also completed two hours of CEs in pain management, proper prescribing of controlled substances, diagnosis and management of addiction mandated in [Virginia Code § 54.1-2912.1](#).

OR (If Applicable)

Current, unrestricted licensure or certification as an Advanced Practice Registered Nurse and/or current practice as an Advanced Practice Registered Nurse with RX Authority in another state.

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



APRN license or RX Authority Reinstatement Application (Lapsed or Expired)

FOR OFFICE USE ONLY (COMPLETED BY FINANCE DIVISION)

BON Staff Only

Fee paid/Check one/both: <input type="checkbox"/> APRN (\$150) <input type="checkbox"/> RX Authority (\$35)	Applicant ID#:	Receipt #:	Date Approved:
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I hereby make application to reinstate my Advanced Practice Registered Nurse license and/or RX authority 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 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.

1. APPLICANT INFORMATION - provide the information requested below and on all pages. (Print or Type) Use full name, not initials.		Applicant Type (Check One or Both): <input type="checkbox"/> APRN <input type="checkbox"/> RX Authority		
Name: Last	First	Middle/Maiden	Suffix	
Address of Record (Mailing Address)	City	State	Zip	Telephone Number
Publicly Disclosable Address	City	State	Zip	Telephone Number
Email Address:				
Date of Birth: ____ / ____ / ____		Social Security Number or Virginia DMV Control Number*:		
Virginia APRN 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 INFORMATION

If employed, list your current Employer and job title:	Employer:	Job Title (position title):
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3. LICENSURE HISTORY/QUESTIONS (pertains to any license or certificate ever issued to applicant)

CURRENT LICENSE INFORMATION

I hold an **ACTIVE** (Check Applicable Items):

<input type="checkbox"/>	Virginia RN License #:	Expiration Date:
<input type="checkbox"/>	Compact Multi-State RN License #:	State: Expiration Date:
<input type="checkbox"/>	NP, APRN, NP w/RX Auth. or equivalent certification/registration #:	State: Expiration Date:

• 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
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 (5) 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 (5) years, have you been disciplined by any entity? YES NO
If **YES**, detail under **Explanation** section and provide any associated orders or letter from entity.
10. Within the past five (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).

