

DEPARTMENT OF HEALTH PROFESSIONS: VIRGINIA BOARD OF NURSING

9960 Mayland Drive – Suite 300

Henrico, Virginia 23233-1463

Phone: (804) 367-4515 Fax: (804) 527-4455

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

1. Last Name		First Name	
2. License #	3. Social Security #	4. Date of Birth (month, day & year)	
5. Address (Is this a change? <input type="checkbox"/> Yes <input type="checkbox"/> No)		6. City	State
			Zip

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:

**Check Item attached:**

- Copy of Virginia Driver's License
- Copy of Virginia Voter Registration Card
- Copy of Federal/State Income Tax Return
- W-2 from the United States government or any bureau, division or agency thereof
- Copy of Military Form No. 2058

In accordance with [Virginia Code § 54.1 - 3030](#), I hereby declare the following as my primary state of residence 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 there within ninety (90) days. Virginia will expire-compact your Virginia license since you declared another compact state.

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

Signature of Licensee

Date

**PLEASE RETURN THE COMPLETED DECLARATION FORM TO THE VIRGINIA BOARD OF NURSING** at the address at the top of the form. If you have any additional questions, please contact the VBON at (804) 367-4515 or you can go to our website for a complete listing of staff and telephone numbers at [www.dhp.virginia.gov/nursing/nursing\\_staff.htm](http://www.dhp.virginia.gov/nursing/nursing_staff.htm). This Declaration Form is also on our website if you would like to print it out and mail it to the VBON.