



Please return the completed Declaration Form to:
 9960 Mayland Drive
 Suite 300
 Perimeter Center
 Henrico, Virginia 23233-1463
 (804) 367-4515
www.dhp.virginia.gov/nursing

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

Last Name:		First Name:	
License #:	Last (4) SSN #:	Date of Birth(mm/dd/yyyy):	
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:

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

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.

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

Signature:	Date:
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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. This Declaration Form is also on our website if you would like to print it out and mail it to the VBON.