

Please return the completed declaration form to:
 DEPARTMENT OF HEALTH PROFESSIONS: VIRGINIA BOARD OF NURSING
 9960 Mayland Drive, Suite 300
 Henrico, VA 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. Last (4) 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
7. Email Address		8. Phone	
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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 § 54.1-3040.4](#), 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 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. This Declaration Form is also on our website if you would like to print it out and mail it to the VBON.