

COMMONWEALTH OF VIRGINIA
Department of Health Professions - Board of Nursing
 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463

Phone: (804) 367-4515

www.dhp.virginia.gov/nursing

Request to Change License Status: Inactive to Active for RN & LPN

Name:		Phone: ()	
Address:			
Email Address:			
City:		State:	Zip:
License #:	License Expiration Date:	Last (4) of SSN:	Date of Birth:

In accordance with [18 VAC 90-19-10](#), I hereby **declare** the following **state** as my **primary state of residence (PSOR)** and that such constitutes my permanent and principal home for legal purposes:

In accordance with nursing regulation [18 VAC 90-19-180 \(B\)](#), if license has been in a current-inactive status (*not expired status) for more than 2 years, the following is REQUESTED before your license can be made Active again:

Completed continuing education requirements: evidence of 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](#).

-OR-
The Board may waive all or part of the continuing education requirement 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 CE requirements.

By checking this box, I am requesting VBON consider waiving continuing education 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-NURSYS 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.

By the **signature below**, I **attest** to the accuracy of the information provided above:

Signature: _____ Date: _____

☛ **If upon verifying your license online through: <https://dhp.virginiainteractive.org/Lookup/Index> it has been expired for more than 2 years, you must apply for licensure by Reinstatement.**

FEES: Please make check or money order payable to: *Treasurer of Virginia*

RN:

\$105*	Due if updating at time of renewal for expiration dates: 7/31/17 – 6/30/19
\$52 *	Due if license is currently in an inactive status (within 2 year renewal cycle) and \$52 inactive fee was paid previously.

LPN:

\$90*	Due if updating at time of renewal for expiration dates: 7/31/17 – 6/30/19
\$45*	Due if license is currently in an inactive status (within 2 year renewal cycle) and \$45 inactive fee was paid previously.

* See One Time Renewal Fee Reduction at: http://www.dhp.virginia.gov/nursing/nursing_announcements.htm#FeeReduction.