

**COMMONWEALTH OF VIRGINIA**  
DEPARTMENT OF HEALTH PROFESSIONS - **BOARD OF NURSING** (VBON)  
Perimeter Center: 9960 MAYLAND DRIVE, Suite 300  
HENRICO, VIRGINIA 23233-1463

(804) 367-4515

[www.dhp.virginia.gov/nursing](http://www.dhp.virginia.gov/nursing)

**CHECKLIST INSTRUCTIONS FOR  
REINSTATEMENT APPLICATION**

**Check One:**  RN \$225  LPN \$200

Pursuant to Virginia nursing regulation [18 VAC 90-19-190](#) a Nurse whose license has lapsed for more than one (1) renewal period 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). 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 a current list of states in the NLC and NURSYS participating states** go to:  
[www.nursys.com/NLV/NLVJurisdictions.aspx](http://www.nursys.com/NLV/NLVJurisdictions.aspx).

**REQUIREMENTS** are listed below to submit an application for Reinstatement. **Check applicable COMPLETED items** that are included with your application:

**Completed Reinstatement application and required fee:** Fees must be paid by check or money order, made payable to The Treasurer of Virginia. Your application will not be reviewed or considered until you have submitted payment. **Fees are non-refundable.**

**Completed continuing education requirements:** Provide evidence of completing 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](#). **\*{30 contact hours of CEs required without active practice} OR {15 contact hours required with a minimum of 640 hours of active practice}.**

I have completed the continuing education requirements.

***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:**

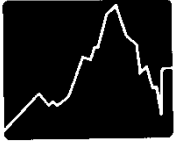
- copy of current license (**only for non-NURSYS participating states**);
- letter from employer on official letterhead verifying: name/**position**/dates of employment; copy of a recent pay stub with: name/**position**/name of the medical facility.

**Completed criminal history background check required by [Virginia Code § 54.1-3005.1](#):** Within 7-10 **business days after confirmed payment receipt** for your filed application, you will receive a **Fieldprint Code**. This code is required to register for fingerprinting, which must be done exclusively through [Fieldprint Va](#). You must have a **confirmed application filed** with VBON **prior** to registering for fingerprinting. If you do **not** receive your **Fieldprint Code** within 7-10 **business days**, you may contact the [VBON CBC unit](#).

**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/nursing](http://www.dhp.virginia.gov/nursing).
- Documents submitted with the application are property of the Board and cannot be returned.

**THIS COMPLETED INSTRUCTION CHECKLIST MUST BE SUBMITTED WITH  
APPLICATION**



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Department of Health Professions - **Board of Nursing (VBON)**

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FOR OFFICE USE ONLY (Finance Division)			FOR OFFICE USE ONLY (VBON Staff)	
<i>Fee Paid/Check</i>	<i>Applicant ID #</i>	<i>Receipt #</i>	Approved	Date:
<i>One:</i>				
<input type="checkbox"/> <i>RN \$225</i>				
<input type="checkbox"/> <i>LPN \$200</i>				

**APPLICATION FOR REINSTATEMENT- REGISTERED OR PRACTICAL NURSE (RN or LPN)**

I hereby make application to reinstate my nursing license 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* in the amount of **\$225 [RN] or \$200 [LPN]**. 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 publically 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.

<b>1. APPLICANT INFORMATION</b> - provide the information requested below and on all pages. (Print or Type) <b>Use full name, not initials.</b>			<b>Applicant Type (Check One):</b> <input type="checkbox"/> <b>RN</b> <input type="checkbox"/> <b>LPN</b>	
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 <b>RN</b> or <b>LPN</b> License Number:	Full Name at Time of Initial Licensure:			

**DECLARATION OF PRIMARY STATE OF RESIDENCE**

I declare that the state of:  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 (position title):

Employer:

Job Title (position title):

## 3. LICENSURE HISTORY/QUESTIONS (pertains to any license or certificate ever issued to applicant)

Answer **YES** or **NO** to *EACH* of the following:

- List **current** state(s) of practice:
- Have you ever had disciplinary action taken against your license/registration/certificate to practice in a state or against your multi-state privilege to practice in a state? YES  NO
- 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
- Have you ever had any of the following disciplinary actions taken against your license/registration/certificate or multi-state privilege by any licensing authority in any jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES  NO
- 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
- Have you ever been the subject of an investigation by any licensing authority? YES  NO

**RESPOND COMPLETELY TO FOLLOWING QUESTIONS. IF DOCUMENTATION PREVIOUSLY PROVIDED WITH THE LAST APPLICATION FILED WITH THIS OFFICE YOU MUST ALSO CHECK THE APPROPRIATE BOX BELOW:**

- Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations)? \*YES  NO . **\*Information Previously provided**
- Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice nursing? YES  NO . If yes, detail under **Explanation** section and request a letter from your licensed treating professional summarizing diagnosis, treatment and prognosis to be sent directly to the Board of Nursing. **\*Information Previously provided**

*If you answered YES to any of the above questions, explain in detail by attaching a separate explanation sheet and have certified copies of any applicable court documents, Board Orders, etc. sent directly to the VBON.*

## 4. MILITARY QUESTION(S):

- Are you an active member or veteran of the U.S. military? YES  NO
- Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? YES  NO

**EXPLANATIONS:**


**Attach additional pages if necessary.**

**CERTIFICATION**

I certify by entering my signature below, I am the person applying for licensure and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me and that statements made on the application are true and complete. I understand that providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.

Signature: