

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS - BOARD OF NURSING (VBON)

Perimeter Center: 9960 MAYLAND DRIVE, Suite 300

(804) 367-4515

HENRICO, VIRGINIA 23233-1463

www.dhp.virginia.gov/nursing

**CHECKLIST INSTRUCTIONS FOR
REINSTATEMENT APPLICATION
FOLLOWING SUSPENSION OR
REVOCAION**

Check One: RN LPN
Fee: \$300

**Check here if you are requesting reinstatement after
a Mandatory Suspension**

Pursuant to Virginia nursing regulation [18 VAC 90-19-190](#) a Nurse whose license was suspended or revoked may apply for reinstatement. If previous license(s) revoked, must wait until three (3) years have elapsed from the revocation order entry date.

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). 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.

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**}. * **Above continuing education requirements do not apply to reinstatement after a mandatory suspension by the Director of the Department of Health Professions (DHP) pursuant to [Virginia Code § 54.1-2409](#).**

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:

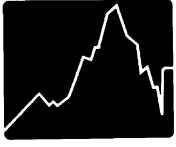
- copy of current license (**only for non-NURSYS participating states**);
- letter from employer on official letterhead verifying: name/**position**/dates of employment; copy of a recent pay stub with: name/**position**/name of the medical facility.

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.
- Documents submitted with the application are property of the Board and cannot be returned.

THIS COMPLETED INSTRUCTION CHECKLIST MUST BE SUBMITTED WITH APPLICATION



COMMONWEALTH OF VIRGINIA

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

Perimeter Center

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Henrico, VA 23233-1463

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web: www.dhp.virginia.gov/nursing

FOR OFFICE USE ONLY (Finance Division)			FOR OFFICE USE ONLY (VBON Staff)	
Fee Paid: <input type="checkbox"/> \$300	Applicant ID #	Receipt #	Approved	Date

**APPLICATION FOR REINSTATEMENT OF LICENSE AS A
REGISTERED or PRACTICAL NURSE (RN or LPN)
FOLLOWING SUSPENSION OR REVOCATION**

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 **\$300**. 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.

1. APPLICANT - provide the information requested below and on all pages. (Print or Type) Use full name, not initials.		Applicant Type (Check One): <input type="checkbox"/> RN <input type="checkbox"/> LPN		Mandatory Suspension: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 RN or LPN 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

5. List all of your employers since your license was suspended or revoked. Include addresses, telephone number, dates of employment and reason for leaving.

Employer Name (Current/Most Recent Employer First)	City/State	Employment Start Date	Employment End Date	Reason for Leaving

6. List any educational offerings you have participated in since your license was suspended or revoked.

Name of Education Offering or Program	Dates of Participation

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: