



Virginia Department of  
**Health Professions**  
Board of Nursing

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**SPONSOR CERTIFICATION FOR VOLUNTEER REGISTRATION**

**APPLICANT: THIS FORM IS TO BE COMPLETED BY A REPRESENTATIVE OF THE NONPROFIT ORGANIZATION SPONSORING YOUR VOLUNTEER PRACTICE.**

**PRINT CLEARLY OR TYPE:**

I \_\_\_\_\_ certify that \_\_\_\_\_ is a publicly supported all volunteer, non-profit organization that sponsors the provision of health care to populations of underserved people.

X

\_\_\_\_\_  
Signature of Sponsor/Representative

\_\_\_\_\_

Title of Sponsor Representative

State of \_\_\_\_\_ County/City of \_\_\_\_\_ Sworn and subscribed to,

before this \_\_\_\_\_ date of \_\_\_\_\_.

Date

Month

Year

My Commission expires on \_\_\_\_\_.

\_\_\_\_\_

Signature of Notary Public