



COMMONWEALTH OF VIRGINIA
Department of Health Professions– Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
804-367-4515 Phone 804-527-4455 Fax
web: www.dhp.virginia.gov email: nursebd@dhp.virginia.gov

FOR OFFICE USE ONLY

Fee Amount	Code	Approved	Date of Reinstatement
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**APPLICATION FOR REINSTATEMENT OF
REGISTRATION AS A CLINICAL NURSE SPECIALIST**

I hereby make application to reinstate my registration as a **Clinical Nurse Specialist** 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 **\$125**. **The fees are non-refundable.**

IMPORTANT: Evidence of current specialty certification must be enclosed. R.N. license must be current in order to reinstate C.N.S.

APPLICANT - Please provide the information requested below and on the back of this page. (Print or Type)					
Name:	Last	Suffix	First	Middle	Maiden
Street Address				Area Code & Telephone Number	
City		State		Zip Code	
Date of Birth (M/D/Y)	Social Security Number or Virginia DMV Control Number*		Virginia RN #0001- _____ Exp. Date _____		
			Virginia CNS #0015- _____ Exp. Date _____		
If you do not have a Virginia license, do you have a valid R.N. license in a compact state with a multi-state privilege? YES _____ NO _____					
If yes, please list compact state, RN license number and expiration date where you have been issued a multi-state privilege.					
_____		_____		_____	
State		RN License Number		Expiration Date	
Name at Time of Original Registration (if different)					
Last		First		Maiden	
If proof of name change to current name has not been filed with this office, submit a copy of marriage certificate or court order authorizing the change.					
Check the appropriate reason for reinstatement:					
Reinstatement due to lapse of registration <input type="checkbox"/> Reinstatement due to suspension or revocation of registration <input type="checkbox"/>					

1. This question applies to any license, registration or certificate as a registered nurse, clinical nurse specialist, licensed practical nurse, or nurse aide that may have been issued to you. Please answer **YES** or **NO** to *EACH* of the following: *(If you answer yes to any of the questions, please explain in detail below and have certified copies of any applicable orders sent directly to this office.)*

- Has any license or registration issued to you ever been voluntarily surrendered? YES _____ NO _____
- Have you ever had any of the following disciplinary actions taken against your license or registration by any licensing authority in any jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES _____ NO _____
- Has your practice ever been the subject of an investigation by any licensing authority? YES _____ NO _____
- Have you ever been denied a license, registration or certification in a health related field or jurisdiction? YES _____ NO _____

2. Is your license and/or registration in good standing in all jurisdictions where licensed? YES _____ NO _____ **(If no, explain below.)**

3. Please respond in full to the following questions. *You will need to provide documentation only if the response is different from that on your last application with this office.* Please answer **YES** or **NO** to each question.

- 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 _____. **If yes, explain below** and have a **certified copy** of the court order sent directly to the Board of Nursing.
- Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice nursing? Yes _____ No _____. **If yes, explain below** and have a letter from your treating licensed professional summarizing diagnosis, treatment and prognosis sent directly to the Board of Nursing.

EXPLANATIONS:

AFFIDAVIT

(To be completed before a Notary Public)

State of _____ County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for registration as a clinical nurse specialist in the Commonwealth of Virginia; that the statements herein contained are true in every respect; that he/she has complied with all requirements of the law; and that he/she has read and understands the affidavit.

Signature of Applicant

Subscribed to and sworn to before me this _____ day of _____, _____.

My commission expires on _____.

SEAL

Signature of Notary Public

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INSTRUCTIONS FOR APPLICATION FOR REINSTATEMENT -
CLINICAL NURSE SPECIALIST

VIRGINIA – COMPACT STATE

Virginia began participating in the Nurse Licensure Compact on January 1, 2005. If your primary state of residence is a compact state, you must apply for Registered Nurse licensure in your primary state of residence (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 can apply in Virginia for reinstatement of your Virginia license or endorsement from the noncompact state. "Primary state of residence" is defined by the Compact as "the state of a person's declared fixed permanent and principal home or domicile for legal purposes." Evidence of a primary state of residence may be required.

For a current list of states in the Compact, go to:

www.ncsbn.org/public/nurselicensurecompact/mutual_recognition_state.htm.

An applicant for reinstatement of an Clinical Nurse Specialist license that has lapsed for a period of two or more years, shall provide the following:

1. A completed reinstatement application form (the original notarized application is needed, not a copy or fax), required supporting documentation and required fee to the Board office.
2. Must be currently licensed as a registered nurse in Virginia or show proof of holding a current multistate privilege/compact registered nurse license in another compact state.
3. Provide evidence of holding a current professional Clinical Nurse Specialist certification (i.e.: copy of your certification from your credentialing agency).
4. The Board may request additional evidence that the nurse is prepared to resume practice in a safe competent manner.

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

***** In accordance with §54.1-116(A) of the *Code of Virginia*, 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.**

*****In accordance with §54.1-116(B) of the *Code of Virginia*, foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.**