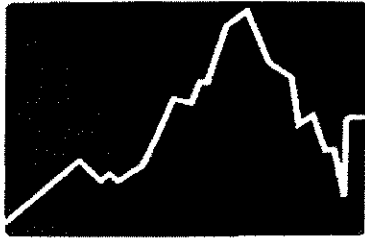


# Verification of Clinical Practice Licensure by Endorsement



**Virginia Board of Nursing**  
Department of Health Professions  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463  
(804)-367-4515

The Virginia Board of Nursing allows applicants who graduated from registered nursing education programs that did not include a minimum of 500 hours of direct client care supervised by qualified faculty to be licensed by endorsement provided the applicant holds a current, unrestricted license in another U. S. jurisdiction and can provide evidence of at least 960 hours of clinical practice – **OR** - if the pre-licensure practical nursing education program from which you graduated did not include 400 clinical hours, please provide evidence of 960 hours of clinical practice and an active unencumbered license in another US jurisdiction. This written documentation should be provided directly from your Nursing employers and should include the capacity in which you were employed as well as the dates of employment and hours worked. The "Verification of Clinical Practice" form should be completed by each nursing employer

I hereby authorize all employers (past and present) to release to the Virginia Board of Nursing any information necessary to verify hours of clinical practice.

Signature of Applicant \_\_\_\_\_

Social Security# or DMV#: \_\_\_\_\_

Please print or type name, address, city and state, of employment setting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TO BE COMPLETED BY EMPLOYER:

**Date and type of employment:**

This individual was employed in clinical practice with us as a: \_\_\_\_\_  
(RN or LPN)

from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Please estimate the number of hours of clinical practice worked during that period of employment: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print or type name: \_\_\_\_\_

Title: \_\_\_\_\_

*(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)*