

**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions - Board of Nursing**  
**Perimeter Center**  
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**INSTRUCTIONS FOR APPLICATION FOR REINSTATEMENT - REGISTERED NURSE**

**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 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. "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. Please indicate on the application your primary state of residence.

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

[www.ncsbn.org/public/nurselicensurecompact/mutual\\_recognition\\_state.htm](http://www.ncsbn.org/public/nurselicensurecompact/mutual_recognition_state.htm).

1. Complete the reinstatement application form and return the reinstatement application, required supporting documentation and required fee to the Board office.
2. Must provide evidence of completing 15 hours of continuing education in nursing approved by a regionally accredited educational institution or professional nursing organization or of passage of National Council Licensing Examination during the period in which the license has been lapsed (i.e. Approved by ANCC-American Nurses Credentialing Center's Commission on Accreditation or another state 's Board of Nursing)

**- OR -**

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. Written verification of active licensure and active practice during the time license was expired will be required (i.e., a letter from your employer on their letterhead or a copy of a recent pay stub stating your name, job title or position, and name of the medical facility will show proof of active practice. If your job title/position is not listed on the pay stub, make the notation yourself).

3. 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.**