



**COMMONWEALTH OF VIRGINIA**  
 Department of Health Professions - Board of Nursing  
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FOR OFFICE USE ONLY				
Pending Application #	Program Code #	Fee	Transcript Filed	Base State
Acknowledgment Sent	Approved	License Number		Date Issued
		0002-		

**APPLICATION FOR LICENSURE BY ENDORSEMENT - LICENSED PRACTICAL NURSE**

I hereby make application for licensure by endorsement as a **Licensed Practical Nurse** in the Commonwealth of Virginia. The following evidence of my qualifications is submitted with a **check or money order** in the amount of **\$170** made payable to the *Treasurer of Virginia*. **The application fee is non-refundable.**

**PLEASE NOTE:** *A copy of your current license must be submitted if you intend to work in Virginia pending licensure.*

**Disclosure of Addresses**

State law requires DHP to collect an official Address of Record from every healthcare professional licensed, registered, or certified by a health regulatory board. The Address of Record is the formal, official mailing address to which all business mail related to your license will be sent, including renewal notices, licenses, notices and orders issued by the boards, and other legal documents. Typically, licensees use their home address as their Address of Record. In most cases, it is permissible for you to provide an Address of Record other than your home address, such as a Post Office Box or a practice location. However, it must be a valid address served by the U.S. Postal Service.

Consistent with Virginia law and the mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of Record is the publically disclosable address. If you do not want your Address of Record to be made public, state law allows you to provide a second, publically disclosable address. Typically, this other address is the work or practice address. If you would like for your Address of Record to be made available to the public, complete both sections with the same address. If you provide us with a secondary address that is different than the Address of Record, the secondary address will be made available to the public and the Address of Record will not. **It is important to understand that nothing will be mailed to the secondary address by either the Department of Health Professions or the regulatory boards.**

**1. Personal Information**

APPLICANT - Please provide the information requested below and on the next two pages. (Print or Type)				
<b>Use full name, not initials.</b>				
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			Fax Number	
Date of Birth ____/____/____	Social Security Number or Virginia DMV Control Number*			

Print your name as you wish it to appear on your license:

**2. Educational Information**

High School Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/> If GED received, certificate number or date received _____			
Name of <b>Initial</b> Nursing School	City and State or Province	Type of Program	Program in English
		DIP <input type="checkbox"/> AD <input type="checkbox"/> BS <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your nursing program require 400 clinical hours: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please complete verification of clinical practice form.		Graduation Date (Month/Year) _____	

**3. LICENSURE HISTORY**

a. For applicants not yet licensed and scheduled to take the licensing examination for licensure in another state:  
State where scheduled \_\_\_\_\_ Date of examination \_\_\_\_\_.

OR

b. For applicants who have been licensed in another state:  
State of original licensure \_\_\_\_\_ Year \_\_\_\_\_ License Number \_\_\_\_\_

1. Did you take the State Board Test Pool Examination (STPE) \_\_\_\_\_? or the National Council Licensing Examination (NCLEX) \_\_\_\_\_? Other examination \_\_\_\_\_?

2. Please declare your primary state of residence: \_\_\_\_\_ (If not VA, please refer to Compact info on the instruction page)

3. Please declare your state(s) of current practice: \_\_\_\_\_

4. Please list all of the states have you been licensed as a licensed practical nurse? If more than 4, attach an additional sheet

State _____	Year Licensed _____	License Number _____
State _____	Year Licensed _____	License Number _____
State _____	Year Licensed _____	License Number _____
State _____	Year Licensed _____	License Number _____

c. Have you ever applied for licensure in Virginia? Yes  No . If yes, in what year? \_\_\_\_\_  
(If you have ever been licensed in Virginia, contact the Board of Nursing office for a reinstatement application in place of this application.)

d. Please answer **YES** or **NO** to EACH of the following:

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

*If you answered yes to any of the above questions, please explain in detail under explanation section and have certified copies of any applicable orders sent directly to this office.*

4. Date you expect to begin employment as a nurse in Virginia: \_\_\_\_\_

5. 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 under explanation section and have a **certified copy** of the court order sent directly to the Board of Nursing.

6. 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 under explanation section and have a letter from your treating licensed professional summarizing diagnosis, treatment and prognosis sent directly to the Board of Nursing.

**PLEASE BE SURE THAT YOU HAVE ANSWERED EACH OF THE ABOVE QUESTIONS.**

**EXPLANATIONS:**

**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: