

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 e-mail: nursebd@dhp.virginia.gov

INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT - LICENSED PRACTICAL NURSE

APPLICATION FORM - Complete the application form and *return it with the required fee* to the Board office if you will be practicing nursing in Virginia.

VIRGINIA – COMPACT STATE – Virginia began participating in the Nurse Licensure Compact on January 1, 2005. If you live in a non-compact state and would like a Virginia license, you need to submit an application for licensure by endorsement. If Virginia will become your primary state of residence, you will need to obtain a Virginia license. If your license is unrestricted in your prior home state, you will be granted a “multi-state privilege” which will allow you to practice in other compact states. If you now live in a compact state and are moving to Virginia, you may continue to practice under your former home state license and multi-state privilege during the processing of your application for a period not to exceed thirty (30) days. For a current list of states in the Compact, go to www.ncsbn.org/public/nurselicensurecompact/mutual_recognition_state.htm. Once you are issued a Virginia license, you must destroy your previous compact state license and notify your previous compact state that Virginia is now your primary state of residence. “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.

NOTE: A licensure application shall be held in abeyance in accordance with the compact regulations when a license is under investigation in another compact state.

LICENSE VERIFICATION FORM - *Complete only the top portion of the license verification form* and send it to the board of nursing where you were originally licensed by examination along with the appropriate fee **unless your original state of licensure is participating in the NURSYS license verification system, go to the NURSYS website www.nursys.com to request verification of licensure.** These states are: Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Idaho, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia (PN), and Wisconsin. The NURSYS verification fee is \$30.00. (If original state of licensure is Illinois, Connecticut or Hawaii, an original transcript must be mailed to this office directly from the school.) You are responsible for any fee your original board may require to complete the form. Delays may be avoided by inquiring about these fees in advance. Your original board will send the form to this office. License verification forms received in this office prior to receipt of the application will be retained on file for no longer than 90 days. If the application is not received within this time, you must request another form to be completed and sent to this office.

NAME CHANGE - If your name on the application for Virginia license is different from the name on file with your original board of nursing, a copy of your marriage certificate or the court order authorizing the change must accompany your application.

PRACTICE PENDING LICENSURE - Submit a copy of your current license in another state with your application if you intend to work in Virginia pending licensure.

Applicants for licensure may work pending licensure in Virginia for 30 days *if you file the application for licensure prior to, or within 10 days after, employment, present a current license from another state or province to your employer and this office, and have received an authorization letter from the Board. The thirty day period may be extended at the discretion of the board, following receipt of a written request.*

A *new graduate* scheduled to take the NCLEX for licensure in a non-compact state may practice in Virginia for a **90 day period** beginning with the graduation date provided the completed endorsement application, required fee and a copy of the authorization to test letter from the testing service have been received in this office and acknowledged.

Instructions continued.

FOR APPLICANTS WHO GRADUATED FROM A PROGRAM WITH LESS THAN 400 CLINICAL HOURS; 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

EDUCATIONAL REQUIREMENTS - If one of the following may apply to you, please contact this office before filing the application.

1. You are not a graduate of an approved school of practical nursing.
2. You were licensed in another state on the basis of any type of nursing education program except a school of practical nursing.
3. You are a licensed vocational nurse from California, and you did not take the national licensing examination.
4. Your nursing education was received in another country, but the education prepared you for practice comparable to that of a registered nurse in this country.

An incomplete application for licensure will be retained on file only as required for audit. If not completed within one year, a new application may be necessary.

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.

Revised 05/05/11

End of Instructions