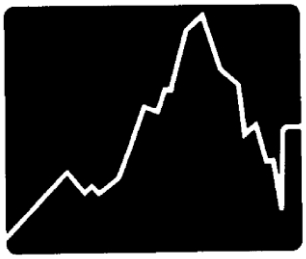
Verification of Supervised Clinical Practice
Registered Nurse Provisional License



COMMONWEALTH OF VIRGINIA
Board of Nursing
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(804) 367-4515 (804) 527-4455– FAX
web: www.dhp.virginia.gov e-mail: nursebd@dhp.virginia.gov

18 VAC 90-20-215. Provisional licensure of applicant for licensure as registered nurses.

Pursuant to § 54.1-3017.1, the Board may issue a provisional license to an applicant for the purpose of meeting the 500 hours of supervised, direct (hands-on) client care required of an approved registered nurse education program. The regulations for this practice are found in Board of Nursing Regulations 18 VAC 90-20-215 et. seq. and can be found at www.dhp.virgina.gov.

Name of Provisional License Holder _____
(Print First and Last Name)

Signature of Provisional License Holder _____

License Number of Provisional License Holder _____ Expires:_____

Please print or type the name and address of the clinical practice setting:
_____
_____
_____

To Be Completed by the RN Supervisor:

Date and Type of Clinical Experience

This individual was supervised in clinical practice by me as a Registered Nurse Provisional License holder from _____ to _____.
(Month/Year) (Month/Year)

Please provide the number of direct client care hours completed at this facility.

Number of Hours _____ in the clinical practice specialty of _____

Number of Hours _____ in the clinical practice specialty of _____

Number of Hours _____ in the clinical practice specialty of _____

Registered Nurse Supervisor _____
(Print First and Last Name)

Signature of Registered Nurse Supervisor _____Date_____