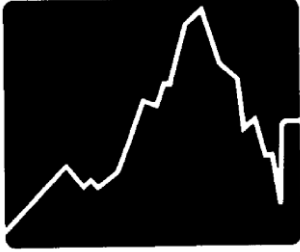


Verification of Supervised Clinical Practice Registered Nurse Provisional License



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
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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 section 215 of Regulations Governing the Practice of Nursing at: http://www.dhp.virginia.gov/nursing/nursing_laws_regs.htm#reg

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 _____

Registered Nurse Supervisor _____
(Print First and Last Name)

Signature of Registered Nurse Supervisor _____ Date _____

Approved _____ Date _____
Virginia Board of Nursing