

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](http://www.dhp.virginia.gov) email: [nursebd@dhp.virginia.gov](mailto:nursebd@dhp.virginia.gov)

**INSTRUCTIONS FOR FILING APPLICATION FOR LICENSURE  
BY REPEAT EXAMINATION FOR REGISTERED NURSES**

Canadian nurses who hold an unrestricted license in Canada and whose training was obtained in Canada where English was the primary language and who have passed the Canadian Registered Nurse Examination are eligible for licensure by endorsement. Please contact the board office for the proper form.

**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 by examination in your primary state of residence (compact state) or in a non-compact state. If your primary state of residence is Virginia or a non-compact state, you can apply in Virginia for licensure by examination. “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).

**APPLICATION FOR LICENSURE IN VIRGINIA**

Complete the application for **LICENSURE** in blue or black ink, include the *required fee*, and return it to the VIRGINIA BOARD OF NURSING office (address listed above).

**EXAMINATION REGISTRATION FORM - NCLEX CANDIDATE BULLETIN**

You will need to register with Pearson Vue to take the NCLEX by one of the following ways listed below: (**Note: the name you provide on the examination registration form must match the name on the picture identification that will be used for admission into the test site.**)

- a. Registration on the Web. Go to the NCLEX Candidate Web site ([www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex)) and select the Register and Pay Online option. You must pay for registration by credit or debit card, using one of the following: Visa, MasterCard, or American Express.

**OR**

- b. Registration by telephone: You must pay for registration by credit or debit card, using one of the following: Visa, MasterCard, or American Express. Call NCLEX Candidate Services at 1.866.496.2539.

**OR**

- c. Registration by mail: Contact the Board of Nursing office for a NCLEX registration form to be sent to you. Complete the registration form and send it to NCLEX Operations, Post Office Box 64950, St. Paul, MN 55164-0950. Include a cashier's check or money order for \$200.00, payable to NCSBN.

It is recommended that you download the complete NCLEX Candidate Bulletin from the following website, [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex) for instructions and important information concerning taking the NCLEX and scheduling your appointment to test.

-Instructions continued on next page-

## **RECHECK ALL INFORMATION ON BOTH APPLICATIONS FOR ACCURACY**

The Board of Nursing will notify Pearson Vue when all information is received and you are determined to be eligible for testing. Pearson Vue will send an authorization to test (ATT) to you by email or at the address given to Pearson Vue at the time of the registration. The ATT will provide information necessary for you to make an appointment to take the NCLEX.

All name and address changes must be received in writing to the Board of Nursing office. A copy of the marriage certificate or court order, which authorizes a name change must be received in order for the Board to change your name.

## **ACCOMMODATIONS FOR TESTING**

Applicants who wish to request accommodations because of a disability must complete the application for licensure by examination and submit **along with the application and fee** the following documentation to the Board of Nursing office:

1. A letter of request from the candidate that specifies the testing accommodations being requested;
2. A written report of an evaluation (educational, psychological, or physical) within the preceding two years from a qualified professional which states a diagnosis of the disability, describes the disability, and recommends specific accommodations;
  - This evaluation should include a professionally recognized diagnosis of the disability and identification of the standardized and professionally recognized tests/assessments given (e.g. Woodcock-Johnson, Wechsler Adult Intelligence Scale);
  - If testing was completed more than two years prior to this request, a physician or psychologist must provide a summary stating why current testing is not needed (e.g. the disability does not change over time and new testing would not reveal new information);
  - The scores resulting from testing, interpretation of the scores, and evaluations;
  - The recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability; and
3. A written statement from the Program Director (or designee) of the nursing or nurse aide education program which describes any testing accommodations made while the student was enrolled in the program.

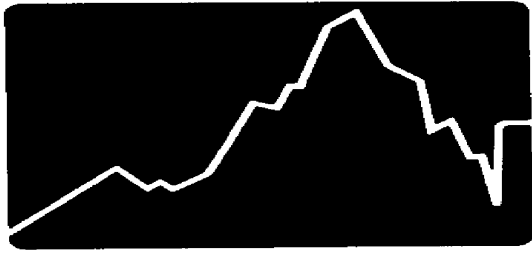
The above information may be sent at the same time as the application or prior to the application, but must be received by the established deadline. The Board of Nursing will consider the information received at their regularly scheduled meeting and a decision will be made on the request for accommodation. The accommodation request will be forwarded to the National Council of State Boards of Nursing for approval. The applicant will be contacted with the Board's decision.

If you have questions, please contact the Board office.

**\* A new application and fee must be filed if the examination is not taken within six months of the date that the Board determines the applicant to be eligible or if eligibility is not established within six months of the original filing date.**

**\*\* In accordance with §54.1-116 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.**

- End of Instructions-



**COMMONWEALTH OF VIRGINIA**

**Board of Nursing**

**PERIMETER CENTER  
9960 MAYLAND DRIVE, SUITE 300**

**Henrico, VA 23233-1463**

**(804) 367-4515 (804) 804-527-4455 – FAX**

**web: [www.dhp.virginia.gov](http://www.dhp.virginia.gov) e-mail: [nursebd@dhp.virginia.gov](mailto:nursebd@dhp.virginia.gov)**

**FOR OFFICE USE ONLY**

Pending Application Number	Program Code #	Fee	Transcript Filed	Acknowledgement Sent
Date Determined Eligible	Approved	License Number 0001-	Date Issued	

**APPLICATION FOR LICENSURE BY REPEAT  
EXAMINATION FOR REGISTERED NURSE**

I hereby make application for licensure by examination to practice as a **Registered Nurse** in the Commonwealth of Virginia. The following evidence of my qualifications is submitted with a **check or money order** in the amount of \$50 made payable to the "Treasurer of Virginia". **The application fee is nonrefundable.**

**Disclosure of Addresses**

Some licensees have expressed concern that their residence address is accessible. Consistent with Virginia law and the mission of the Department of Health Professions addresses of licensees are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, the application of new technology makes such information more accessible.

In most cases it is permissible for an individual to provide an address of record other than a residence, such as a Post Office Box or a practice location. Changes of address may be made at the time of renewal or at anytime by written notification to the appropriate health regulatory board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address provided.

**I. Personal Information**

APPLICANT – Please print **in ink** or type the information requested below and on the following page. **Use full name; initials will not be accepted.**

Name – Last	First	Middle	Maiden	Suffix
Mailing Address			Area Code and Telephone Number	
City	State		Zip Code	

Date of Birth (M/D/Y)	Social Security Number or Virginia DMV Control Number	<b>NOTE: If your name has changed since last application, enclose a copy of the marriage certificate or court order authorizing the change.</b>
Month/Year you expect to take examination:	Name you wish to appear on your license:	

Please declare your primary state of residence:

**Please respond in full to the following questions, providing requested documentation only if response is different from that on your previous application.**

- YES  NO 1. Have you ever been convicted, pled guilty to, or pled Nolo Conetendere to the violation of any federal, state, or other law constituting a felony or misdemeanor, including convictions for driving under the influence (DWI) but excluding traffic violations? If yes, explain below and have a **certified copy** of the court order, including evidence that all court requirements have been satisfied sent **directly** to the Board of Nursing.
- YES  NO 2. Do you have a mental, physical, or chemical dependency condition which could interfere with your current ability to practice as a registered nurse? If yes, explain below and have a letter from your treating licensed professional summarizing your diagnosis, treatment and prognosis, sent **directly** to the Board of Nursing.
- YES  NO 3. Do you wish to request an accommodation for taking the NCLEX due to a disability?  
*(Those requesting an accommodation will need to submit written documentation as outlined in Guidance Document 90-22 "Requests for Accommodations for NCLEX and NNAAP Testing". This is available on the guidance document page of the Board of Nursing website [www.dhp.virginia.gov/nursing\\_guidelines.htm](http://www.dhp.virginia.gov/nursing_guidelines.htm).)*

**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.

Please sign using your full first and last name or the application will be returned to you.

Signature: