

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS - BOARD OF NURSING
Perimeter Center: 9960 MAYLAND DRIVE, Suite 300
HENRICO, VIRGINIA 23233-1463
(804) 367-4515 or www.dhp.virginia.gov/nursing

INSTRUCTIONS FOR APPLICATION FOR RESTRICTED VOLUNTEER NURSING LICENSE

Pursuant to [Virginia Code § 54.1-3011.01](#), [Virginia Code § 54.1-2957.001](#) and Regulation [18 VAC 90-20-271](#), registered or practical nurses or nurse practitioners may apply for a Volunteer Restricted License. **Please note that a volunteer restricted license limits nursing practice only in public health or community free clinics that provide services to underserved populations.** Additionally, applicants must attest that they will not receive remuneration directly or indirectly for providing nursing services.

The following documentation is required to submit an application for a Volunteer Restricted License:

- Completed application submitted to board **prior** to engaging in such practice.
- Your signed application authorizes release of confidential information, affirms that your application is complete and correct, and attests that you have read and understand and will remain current with the laws and regulations governing the practice of nursing in Virginia. Additionally, it verifies that no remuneration will be received directly or indirectly for nursing services.
- Application fee(s): RN (\$95); LPN (\$85); NP (\$65); Prescriptive Authority (\$38). The fees must be paid by certified check, cashier's check or money order, made payable to The Treasurer of Virginia. Your application will not be reviewed or considered until you have submitted payment. Pursuant to Regulation 18VAC60-21-230(E), fees are non-refundable.
- For the past five (5) years, applicants must:
 - Have held an unrestricted license as an RN, LPN or NP in Virginia or another state that was in good standing at the time of expiration or inactivation;
 - Hold an active license, volunteer restricted license or multi-state privilege license as an RN or LPN.
- Evidence of licensure verification if you do not hold a Virginia license as an RN, LPN or NP.

Additional Information:

- Nursing laws and regulations may be obtained at www.dhp.virginia.gov/nursing.
- To receive notice that your supporting documents have been delivered to the Board, it is recommended that the documents be sent by "Certified Mail-Return Receipt Requested" or with "Delivery Confirmation".
- Documents submitted with the application are property of the Board and cannot be returned.
- Consistent with [Virginia Code § 54.1-2400.02](#) addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publically available please complete both sections with same address.

COMMONWEALTH OF VIRGINIA
Department of Health Professions - Board of Nursing
 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463
 Phone: (804)-367-4515 www.dhp.virginia.gov/nursing

APPLICATION FOR RESTRICTED VOLUNTEER LICENSE

Virginia Code § 54.1-3011.01. Restricted volunteer license for registered or practical nurses. The Board may issue a restricted volunteer license to a registered or practical nurse who, within the past five years, held an unrestricted active license as a registered or practical nurse issued by the Board or another state, which was in good standing at the time the license expired or became inactive. A restricted volunteer license shall only be valid in the Commonwealth and shall not confer any multistate licensure privilege.

Virginia Code § 54.1-2957.001. Restricted volunteer license for nurse practitioners. The Board of Medicine and the Board of Nursing may jointly issue a restricted volunteer license to a nurse practitioner who (i) within the past five years held an unrestricted license as a nurse practitioner in the Commonwealth or another state that was in good standing at the time the license expired or became inactive and (ii) holds an active license or a volunteer restricted license as a registered nurse or a multistate licensure privilege. Note: A nurse practitioner holding a restricted volunteer license may obtain prescriptive authority pursuant to [Virginia Code § 54.1-2957.01](#).

I am applying for a **Restricted Volunteer License** for the following license type: (please check)

- | | |
|--|---|
| <input type="checkbox"/> Registered Nurse (\$95) | <input type="checkbox"/> Licensed Nurse Practitioner (\$65) |
| <input type="checkbox"/> Licensed Practical Nurse (\$85) | <input type="checkbox"/> Prescriptive Authority (\$38) |

INSTRUCTIONS: If the space provided for any answer is insufficient, the applicant must complete his/her answer on a separate page, signed by him/her, specifying the question to which it relates and enclose the page with this application.
OMISSIONS OR INACCURACIES ARE GROUNDS FOR REJECTION

ENCLOSE A CHECK OR MONEY ORDER MADE PAYABLE TO TREASURER OF VIRGINIA

Name (Last, First, M.I.)	Date of Birth – (Mo/Day/Year)	Social Security # or DMV #
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Mailing Address (Street and/or Box Number, City, State, Zip Code)

Public Disclosable Address (Street and/or Box Number, City, State, Zip Code)

Home Telephone Number	Alternate Telephone Number	E-mail Address
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RECORD OF ALL PROFESSIONAL LICENSURE:

State	Profession	License Number	Issue Date	Expiration Date

- Has your license to practice in any state/jurisdiction been previously suspended or revoked? No Yes
If **yes**, give details, jurisdiction(s) and date(s) on a separate page.
- Have you ever been convicted of a violation or plead Nolo Contendere, to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, except convictions for driving under the influence)? No Yes
If **yes**, give details, jurisdiction(s) and date(s) on a separate page, and include a copy of the disposition/record *certified* by the Clerk of the Court.
- Do you have a mental, physical, or chemical dependency condition which could interfere with your current ability to practice as a nurse? No Yes
If **yes**, explain on a separate page and have a letter from your treating licensed professional summarizing your diagnosis, treatment and prognosis, sent **directly** to the Board of Nursing.

I acknowledge that the restricted volunteer license sought through this application shall only be valid in compliance with the law and Board regulations for practice within the limits of my license to practice in public health or community free clinics that provide services to underserved populations pursuant to [Virginia Code § 54.1-3011.01](#) and/or [Virginia Code § 54.1-2957.001](#).

By signing below, I also attest that I will not receive remuneration directly or indirectly for providing nursing services.

SIGNATURE: _____ DATE: _____

Rev: 5/2/16