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 email: nursebd@dhp.virginia.gov

PROCEDURE FOR REGISTRATION AS A CLINICAL NURSE SPECIALIST

Enclosed are the application form for registration as a clinical nurse specialist in Virginia and applicable excerpts from the Board of Nursing Regulations.

In completing the application form, applicants must provide the information requested and attach the required fee.

In addition, applicants must do the following:

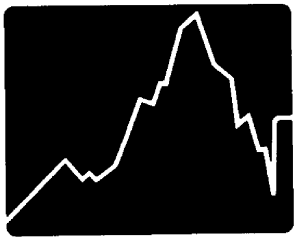
1. Request that a transcript showing receipt of a master's degree be sent to the Board of Nursing office from the college or university.
2. Request that verification of specialty certification as a clinical nurse specialist be sent to the Board of Nursing office from the national certifying organization. (Copy of card or certificate will not be accepted.)

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

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

***** 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.**

(03/10)



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APPLICATION FOR REGISTRATION AS A CLINICAL NURSE SPECIALIST

The following evidence of my qualifications is submitted with a **check or money order** in the amount of **$130** made payable to the *Treasurer of Virginia.* **The application fee is non-refundable.**

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.

APPLICANT - Please provide the information requested below. (Print or Type)				
Name: Last	Suffix	First	Middle	Maiden
Street Address				Area Code & Telephone Number
City		State		Zip Code
Date of Birth (M/D/Y)	Social Security Number or Virginia DMV Control Number		Virginia RN License Number & Expiration Date	
Name of College or University:				
Location:				
Year Degree Awarded:				
Program Accredited/Approved by: *(Accrediting Authority)*				
Specialty Certification held from: *(Name of Organization)*				
Expiration Date of Certification:				

Answer **YES** or **NO** to *EACH* of the following:

- Have you ever had disciplinary action taken against your license to practice in a state or against your multi-state privilege to practice? YES _____ NO _____
- Have you ever been denied a license or certification in a health related field or jurisdiction? YES ____ NO ____
- Has any license issued to you been voluntarily surrendered? YES _____ NO _____
- Have you ever had any of the following disciplinary actions taken against your license or multi-state privilege by any licensing authority in any jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES _____ NO _____
- Has your practice ever been the subject of an investigation by any licensing authority? YES _____ NO _____

If you answered yes to any of the above questions, please explain in detail by attaching a separate explanation sheet and have certified copies of any applicable orders sent directly to this office.

Answer **YES** or **NO** to *EACH* of the following:

Have you ever been licensed as a clinical nurse specialist in any state or province? Yes _____ No _____. If yes, is that license current ____? lapsed ____? inactive _____? If that license has been sanctioned, explain in detail by attaching a separate explanation sheet.

Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations)? Yes _____ No _____. If yes, explain on a separate sheet and have a **certified copy** of the court order sent directly to the Board of Nursing.

Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice nursing? Yes _____ No _____. If yes, explain on a separate sheet and have a letter from your treating licensed professional summarizing diagnosis, treatment and prognosis sent directly to the Board of Nursing.

AFFIDAVIT
(To be completed before a notary public)

STATE OF _____ COUNTY/CITY OF _____

NAME _____, being duly sworn, says he/she is the person who is referred to in the foregoing application; that the statements contained herein are true; that he/she has complied with all requirements of the law, and that he/she has read and understands this affidavit.

_____
Signature of Applicant

Subscribed and sworn to me this _____ day of _____, _____.

My commission expires on _____.

SEAL

_____
Signature of Notary Public

FOR OFFICE USE ONLY

Pending # _____

Fee Received: _____

Ack. Sent: _____

Trans. Filed: _____

Cert. Filed: _____

Approved: _____

Reg. # 0015-_____

Date Issued: _____

Revised 06/24/11