

ENDORSEMENT 90-DAY TEMPORARY RN LICENSE APPLICATION

WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES
90 MACCORKLE AVE., SW, SUITE 203, SOUTH CHARLESTON, WV 25303

Phone: (304) 744-0900
Fax: (304) 744-0600

Email: rnboard@wv.gov
Web: wvrnboard.wv.gov

APPLICANT INFORMATION					
First name	Middle	Last	Maiden name		
List any other legal names you have had			Attach passport-style photo Head and neck only		
Street address					
City	State	Zip			
State of Primary Residence					
Phone (primary)	Alternate phone				
Email address					
Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian		<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown

EDUCATION INFORMATION			
High School name	City	State	Date of Graduation / /
If you did not graduate from high school, provide your General Equivalency Development (GED) information		GED Score	Date of GED / /

BASIC NURSING PROGRAM INFORMATION			
School name	City	State	
Date of Graduation / /	Student ID	Degree Type <input type="checkbox"/> Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's	

ADDITIONAL EDUCATION			
List any other degrees you currently hold			
Degree type <input type="checkbox"/> Associate Degree <input type="checkbox"/> B.S. in Nursing <input type="checkbox"/> B.S. or B.A. in other field <input type="checkbox"/> Master's Degree in Nursing	School Name	City, State	Graduation date / / / / / / / /

<input type="checkbox"/> Master's Degree in other field			/	/
<input type="checkbox"/> Doctor of Nursing Practice (DNP)			/	/
<input type="checkbox"/> Doctoral Degree in Nursing			/	/
<input type="checkbox"/> Doctoral Degree in other field			/	/

GENERAL APPLICATION QUESTIONS

Do you have advanced practice certification?

Yes No

If Yes, pursuant to WV code §30-7-1 et seq. and Code of Legislative rule 19-07 you must also complete an Advanced Practice Initial Licensure Application and be approved by the Board prior to practicing as an APRN in West Virginia. The Initial Advanced Practice Registered Nurse License application can be found from our website at www.wvrnboard.wv.gov

State of Original Licensure	Issue Date / /	Expiration Date / /
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List **all** other states where you are or have ever been licensed as a nurse.

State	License Number	Date Issued / /	Expiration Date / /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

Use a separate sheet of paper for additional license information if needed.

ADDITIONAL INFORMATION

Do you hold or have you held ANY OTHER professional or occupational licensure or certification?
(If Yes, provide the following information)

Yes No

Type of license/Certification	Lic/Cert Number Issued	Expiration date / /	State	Phone number to verify
		/ /		
		/ /		
		/ /		

If you answer YES to either of the next two questions provide certified copies of related documents and a written narrative explaining the details of what happened

Has a complaint ever been filed against the above listed license(s) or certification(s)? Yes No

Has action ever been taken against the above license(s) or certification(s)? Yes No

EMPLOYMENT

Current or Most Recent Employer

Street Address	City	State	Zip
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ELIGIBILITY QUESTIONS

If answering YES to ANY of the questions below attach an explanation and certified copies of court related documents and State Board action if applicable. Traffic violations resulting in convictions must be reported. Please refer to the instructions. If you have questions, please contact the Board office at (304) 744-0900 to speak with someone in the Discipline department.

1. Have you ever or are you currently serving in a branch of the military? If Yes, which branch? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been discharged from a branch of the military with anything other than an honorable discharge? If Yes, send explanation and copy of DD214	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you practice nursing ONLY in a military/federal facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you EVER been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you EVER been convicted of a misdemeanor or pled nolo contendere or deferred prosecution, or been pardoned in relation to any crime that you have not previously reported to the WV RN Board? (Any conviction exclusive of minor traffic violations such as speeding or parking violations must be reported)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have any criminal charges currently pending in any state, territory, or country that you have not previously reported to the WV RN Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has a complaint ever been filed against your RN license, APRN license or Prescriptive Authority Privilege in West Virginia that has not been dismissed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has a complaint ever been filed against your RN license, APRN license or Prescriptive Authority Privilege in any other state, territory or country that has not been dismissed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are disciplinary charges pending against any license in this state, or any other state, territory or country that you have not previously reported to the WV RN Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group that you have not previously reported to the WV RN Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever or are you currently abusing prescription or over the counter medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever or are you currently using illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is there any reason your access to narcotics or substances of abuse should be restricted or limited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of registered professional nursing? If you answer yes attach a letter of explanation. Additional information may be requested.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you have a child support obligation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you have an arrearage that equals or exceeds the amount of child support payable for six (6) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Are you the subject of a child support subpoena or warrant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Do you own all or part of a business that operates within West Virginia? If Yes, list the FEIN Number: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Do you have a valid United States Social Security Number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Do you currently hold an active, unencumbered RN license (No active discipline)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Are you currently a participant in an alternative to discipline program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever held a Multistate license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ATTESTATION STATEMENT

By signing this application, I hereby certify that I am the person making this application and that the information provided on this application is complete and true to the best of my knowledge and belief. I understand that it is against the law to practice registered professional nursing in the State of West Virginia without a valid license to do so and that this information will be reviewed. I understand that supplying false information on this application is grounds for denial of licensure or disciplinary action against the license.

I have read and understand the Law and Rule pertaining to registered nurse licensure; I am responsible for being knowledgeable of and complying with WV Code §30-7-1 et seq. and related rules.

I have read and understood that I am required to complete 12 hours of continuing education during each renewal period. This includes required continuing education per SB437 and WV Code §30-1-7a et seq. for best prescribing practices and drug diversion training if I prescribe, administer, or dispense controlled substances, and for mental health conditions common to veterans and their families.

I understand if I fail to renew my registered nurse (RN) license, my RN license will lapse, and I may not work or represent myself as an RN until I have met the RN reinstatement requirements. If I do work or represent myself as an RN while my RN license is lapsed, I am subject to fines, administrative costs, and disciplinary action, as defined in WV Code §30-7-1 et seq., and related laws and rules.

FURTHER: I authorize the release of all documents compiled by any law enforcement agency pertaining to me to the Board upon further request of the Board or its agent. Said release includes records in existence as of this date, as well as those compiled at any time in the future.

Signature of Applicant

Date

AFFIDAVIT

STATE OF _____ COUNTY OF _____

I, the undersigned, being duly sworn, according to law, do depose and say that I am the person whose photograph is attached hereto and who is referenced to in the foregoing application, that the information supplied therein is true to the best of my knowledge, and that I have read and understand this affidavit.

Applicant Signature _____

Subscribed and sworn to before me this _____ day of _____, 20_____

My commission expires on the _____ day of _____, 20_____.

(seal)

Notary Signature

Notary Public in and for County _____ State _____

90-DAY TEMPORARY LICENSE BY ENDORSEMENT INSTRUCTIONS

1. Complete the application. An application that is incomplete will be returned for completion.
2. Submit the fee of \$25.00 for your 90-day temporary license in the form of a money order or cashier's check made payable to the WV RN Board.
3. Provide a narrative statement and/or supporting documents as required based on your answers to the eligibility questions. Submit certified court documents as required.
4. Contact your original State of Licensure to have a verification of your license sent directly to the WV RN Board office.
5. The temporary permit shall be effective for ninety days and such permit may not be renewed. If you have been licensed in the state of West Virginia previously and your license is lapsed, you will need to reinstate your license via the Online RN License Reinstatement Application available on our website.
6. Sign and mail the completed application to:

West Virginia Board of Registered Nurses
90 MacCorkle Ave., S.W., Suite 203
South Charleston, WV 25303