



**STATE OF WEST VIRGINIA
BOARD OF REGISTERED NURSES**

90 MACCORKLE AVE., SW, SUITE 203
SOUTH CHARLESTON, WV 25303

PHONE: 304-744-0900
FAX: 304-744-0600

WEB: WVRNBOARD.WV.GOV
EMAIL: RNBOARD@WV.GOV

Charitable License Exemption Authorization

To request authorization for a 10-day license exemption for charitable practice, provide the following information:

APPLICANT INFORMATION

| | | | | |
|-----------------|---------------|-----------------------------------|-------------------------------|-----|
| First name | Middle | Maiden name (if applicable) | Last name | |
| Mailing Address | | City | State | Zip |
| Phone | Email address | Date of Birth (mm/dd/yyyy) / / | Social Security Number - - | |

CHARITABLE EVENT INFORMATION

| | | |
|--|----------------------------------|---------------|
| Charitable Event Title | Contact Person | Contact Phone |
| Charitable Event Sponsoring Organization | Sponsor Email address | |
| Sponsor Full Mailing Address | Dates Requested to Work at Event | |

OTHER LICENSES AND PROFESSIONAL CERTIFICATIONS

List **all** other licenses and professional certifications held for the previous three years. Use a separate sheet of paper if needed.

| State | License Number | Date Issued / / | Expiration Date / / |
|-------|----------------|--------------------|------------------------|
| | | / / | / / |
| | | / / | / / |
| | | / / | / / |

| | | |
|---|------------------------------|-----------------------------|
| Have you received any completed disciplinary actions in which discipline was ordered in any of the three most recent years against any professional license or certification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you the subject of any pending disciplinary action against any professional license or certification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ATTESTATION STATEMENT

By signing this application I hereby attest 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.

Complete and mail the original with your signature to our office at the address listed above. The Board will send a notification in writing to the event contact person and to you. Please permit adequate time for processing. Do not fax or email this form. Thank you.

Signature of Applicant

Date