

STATE OF WEST VIRGINIA BOARD OF REGISTERED NURSES

90 MacCorkle Ave., SW, Suite 203 South Charleston, WV 25303

phone: 304-744-0900 web: wvrnboard.wv.gov fax: 304-744-0600 email: rnboard@wv.gov

WV RN COVID STATE OF EMERGENCY NURSES WORKING IN WV ON OTHER STATE LICENSE

INSTRUCTIONS

Fill out this form, scan and email to mboard@wv.gov. Your name and the state license used on this form will appear on our website on the page "Out of State RN and APRN Notification of Practice," which will be linked on the home page of our website throughout the state of emergency. These forms will be processed as quickly as possible.

LEGAL INFORMATION

West Virginia Governor Executive Order 10-20, signed Monday, March 23, 2020 declared the following statutory regulations to be suspended for the duration of the current State of Emergency:

Requirement that any person practicing or offering to practice as a registered nurse (RN) or advanced practice registered nurse (APRN) have a license issued by the West Virginia Board of Registered Professional Nurses (W. Va. Code 30-7-2), with the exception of those with pending complaints, investigations, consent orders, board orders, or pending disciplinary proceedings and provided the RN or APRN is licensed in another state

| APPLICANT INFORMATION | | | | | | |
|-----------------------|--------|---------------|------|-------|-----|--|
| First name | Middle | | Last | | | |
| Street Address | City | City | | State | Zip | |
| Phone | | Email address | | | | |

| CURRENTLY ACTIVE LICENSE | | | | | | | | | |
|--|---------------|-------------|-------------|-----|---------------|-----------------|--------------|---------------|------|
| Enter only one currently active license. If you are licensed in multiple states, select one state and enter that license. If you currently hold a multistate license in a Compact state and you will be practicing as an RN then you do not need to fill out this form. | | | | | | | | | |
| License Number | Issuing State | License Typ | e (circle o | ne) | | Issue Date | | Expiration D | ate |
| | | RN CNP | CRNA | CNS | CNM | / | / | / | / |
| Do you have active prescriptive authority? Does your prescriptive authority require a collaborative agreement? | | | | | | | | | |
| YES NO | | | YES | NO | If Yes, attac | ch a copy of yo | our collabor | ative agreeme | ent. |

| | PRACTICE LOCATION | | | | | |
|---|--|-------------------|------------------------|--|--|--|
| Name of Practice | PRACTICE LOCATION | | | | | |
| Name of Practice | | | | | | |
| | | | | | | |
| Street Address | City | State | Zip | | | |
| | | | | | | |
| | | | | | | |
| ELIGIBILITY | | | | | | |
| If you are answering Yes to the following question then you are ineligible to work during the State of Emergency in West Virginia. If you have any questions, please contact the Board office at (304) 744-0900 and leave a message for someone in the Discipline department. | | | | | | |
| nave any questions, please contact the board office | tat (504) 744 0500 and leave a message i | or someone in the | Бізсірініе асранінені. | | | |
| Do you have current discipline or a pending/open/u jurisdiction? | any | □ Yes □ No | | | | |
| If Yes, then you are ineligible to work during the State of Emergency in West Virginia. | | | | | | |
| | | | | | | |
| | SIGNATURE | | | | | |
| I hereby certify that the information provided on this notification is complete and true to the best of my knowledge. 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 failure to comply with requirements for licensure, and that knowingly supplying false information on or with this application is a violation of WV Code §30-7-1 et seq. and subjects me to the full range of disciplinary action described therein. I understand that I am responsible for being knowledgeable of and comply with WV Code §30-7-1 et seq. and related 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. | | | | | | |
| Please review all your answers thoroughly. Providing false information, purposefully or inadvertently, may result in the denial of your application or you will be assessed a fine and/or administrative costs and/or be subjected to disciplinary action. | | | | | | |
| Signature of Applicant | | Date | | | | |