

ENDORSEMENT PERMANENT INITIAL 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	Maiden name	Last 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	School Name	City, State	Graduation date / / / / / /

<input type="checkbox"/> Master's Degree in Nursing			/	/
<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 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? Yes No
(If Yes, provide the following information)

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 (location where you physically worked)

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

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: _____

ENDORSEMENT PERMANENT INITIAL RN LICENSE INSTRUCTIONS

1. Complete the application. An application that is incomplete will be returned for completion.
2. Submit the fee of \$100.00 for your permanent license in the form of a money order or cashier's check made payable to the WV RN Board.
3. Submit a narrative and/or supporting documents as required. Submit certified copies of 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. Contact your current state of employment, if other than your original state of licensure, to have a verification of licensure sent directly to the WV RN Board office.

For Example: If you were originally licensed in Kentucky and you are now working in Texas you will want to contact Kentucky and Texas to have a verification of your license sent directly to the Board office. Most states use Nursys for verifications. Begin by going to www.Nursys.com to see if the states use Nursys and follow those directions.

6. If you wish to apply for an Endorsement Temporary Permit pending permanent license, complete the Endorsement 90-Day Temporary Permit application located in this form packet and submit with a \$25 fee. An Endorsement Temporary Permit will be issued to you pending issuance of an initial permanent endorsement RN license. The Endorsement Temporary Permit is good for 90 days. It is essential that you contact Nursys at the time you apply for Endorsement Permanent RN licensure and Endorsement Temporary Permit to assure the verifications of licensure from other states are received prior to the end of the 90-day period. If they are not, your Temporary Permit will expire and it cannot be renewed or reissued. You will then have to wait until all information has arrived at the Board office for a determination to be made regarding issuing a permanent license.
7. If you live in West Virginia and this is your Primary State of Residence, then you may qualify for a West Virginia multistate license. If this is the case, you must first obtain a background check before your multistate license can be issued. To obtain a background check, please follow the instructions at the end of this packet.

**\$100.00 FEE IS NOT REFUNDABLE
INITIAL LICENSE BY ENDORSEMENT
APPLICATION AND FEE GOOD FOR SIX (6) MONTHS**

ENDORSEMENT 90-DAY TEMPORARY RN PERMIT

IF YOU WISH TO OBTAIN A 90-DAY TEMPORARY PERMIT TO PRACTICE WHILE WAITING FOR THE PERMANENT LICENSE TO BE ISSUED, COMPLETE THE FOLLOWING INFORMATION, AND INCLUDE AN ADDITIONAL \$25.00 FEE IN THE FORM OF A MONEY ORDER OR CASHIER'S CHECK MADE PAYABLE TO THE WV RN BOARD.

SEEKING EMPLOYMENT AT			
Name of Agency where you plan to seek employment in West Virginia			
Mailing Address	City	State	Zip
Phone	Email address		

IF EMPLOYED BY NURSE PLACEMENT OR TRAVELING NURSE AGENCY			
If you are employed by a nurse placement service or "traveling nurses agency" give name of agency, address, and phone number below			
Mailing Address	City	State	Zip
Phone	Email address		

SIGNATURE		
This is to certify that I have a current, valid license to practice nursing as a Registered Professional Nurse in another state as follows:		
State of Residence		
State of Current Licensure	License Number (in that state)	Expiration date of current license
<p>I hereby certify that the information provided on this application 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 §30-7-11 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 to comply with WV Code §30-7-1 et seq. and related rules.</p>		
<p>_____</p> <i>Signature of Applicant</i>	<p>_____</p> <i>Date</i>	
<p>Subscribed and sworn to before me this _____ day of _____, 20_____</p> <p>My commission expires on the _____ day of _____, 20_____.</p>		
(seal)	<p>_____</p> <p style="text-align: center;">Notary Signature</p>	
<p>Notary Public in and for County: _____ State: _____</p>		

INSTRUCTIONS

TEMPORARY RN PERMIT by ENDORSEMENT

If you wish to obtain a Temporary RN Permit good for 90 days while waiting for the permanent RN license to be issued by endorsement you must complete and submit both the Permanent License by Endorsement Application and the Temporary License by Endorsement Application found on the WV RN Board website under the Forms and Applications tab.

1. Complete the Endorsement Temporary RN Permit application. An application that is incomplete will be returned for completion.
2. Submit the fee of \$25.00 for the Temporary RN Permit in the form of a money order or cashier's check made payable to the WV RN Board.
3. It is essential that you contact Nursys or contact directly the boards that do not verify through Nursys, at the time you apply for the Temporary RN permit to assure the verifications of licensure are received prior to the end of the 90-day period. If they are not, your Temporary RN Permit will expire, and it cannot be renewed or reissued. You will then have to wait until all information has arrived at the Board office for a determination to be made regarding issuing a permanent RN license.
4. Sign and notarize the application
5. Mail the completed application to:

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

Criminal Background Check Instructions

Dear Applicant:

You are required to submit fingerprints for a state criminal background check and a federal criminal background check in order to complete the application for licensure.

In State Applicants

- To schedule an appointment, go to <https://uenroll.identogo.com/>
- Enter our Service Code **228NJX** to get started. For further details, please visit: <https://wvrnboard.wv.gov/Documents/WV%20Service%20Code%20Form%20-%20WV%20RN%20Board.pdf>
- Select on 'Schedule or Manage Appointment' to schedule an appointment.
- Write down your confirmation number and take it with you to your fingerprint appointment.
- State and federal background checks are now all electronic. It will take 2 – 3 business days for the West Virginia Board of Examiners for Registered Professional Nurses to receive the results. Direct all questions regarding the process to Identogo by MorphoTrust USA Enrollment Services at 855-766-7746.

Out of State Applicants

- You will need to submit a West Virginia state and federal background check by completing the instructions for in state applicants.
- In addition, you will be required to submit a state background check from your state of residency.
- To schedule an appointment, go to <https://uenroll.identogo.com/>
- Enter our Service Code **228NJX** to get started.
- Select 'Submit A Fingerprint Card by Mail' in order have hard cards submitted and processed. Here are detailed instructions on how to submit a fingerprint card: https://wvrnboard.wv.gov/Documents/UEP_WV_card%20scan%20instructions.pdf

The criminal background check information can be submitted to the Board up to 12 months prior to graduation.

REVISED 9-18-18

FBI Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation

Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018