

**WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES
(304) 744-0900 or 1-877-743-NURS(6877)**

INSTRUCTIONS FOR APPLICATION FOR LICENSURE BY EXAMINATION

GENERAL INSTRUCTIONS:

Read all instructions before completing application.

Attach fee to top/front of application with paper clip.

Print clearly in ink or type application. Provide signatures in ink where requested. Please do not use pencil.

APPLICATION PACKET CONTENTS:

The contents of your application packet should include:

A. Board Licensure Application:

EXAM PERMANENT INITIAL RN LICENSURE APPLICATION (Form EXAM APP 08/01/17)

B. Test Service Application: COMPLETE THIS APPLICATION ON LINE. GO TO wvrnboard.wv.gov. SELECT "FORMS" THEN "EXAMINATION APPLICATION" AND FOLLOW THE DIRECTIONS TO ACCESS THE NCLEX-RN CANDIDATE BULLETIN AND APPLICATION. YOU MUST COMPLETE A PEARSON VUE APPLICATION BEFORE YOU WILL RECEIVE YOUR AUTHORIZATION TO TEST.

C. CRIMINAL BACKGROUND CHECK INFORMATION

APPROVAL/REVIEW OF APPLICATION:

The application will not be reviewed to determine eligibility until all required documents are submitted including the fully completed application, fee, supporting documents for eligibility questions if required, and final transcript which indicates the degree conferred and the date of graduation.

DEADLINE:

The application deadline for submitting the Application for Licensure by Examination (Form EXAM APP-08/01/17) is April 1st for first-time applicants who graduate during the month of May (peak time) in West Virginia. Official, final transcripts are to be submitted by your school as soon as possible after your graduation so the transcript indicates the date of graduation and the degree conferred.

All applicants should allow 30 days for application processing after all required documents are received in the Board Office. Once approved, in approximately 10 business days, the test center will provide more information about scheduling the exam. Examination Application and fee paid to the Board is valid for six months.

APPLICATION FEES:

A. Board Licensure Fee. The application fee for Licensure by Examination is **\$70.00**. The fee must be in the form of a MONEY ORDER or CASHIER'S CHECK. Personal checks are not acceptable. An application received with incorrect amount of fee or with personal checks will be returned to the applicant. Please make money order or cashier's check payable to: West Virginia Board of

Examiners for Registered Professional Nurses.

B. NCLEX-RN Test Service Fee.

Refer to the information in the NCLEX-RN CANDIDATE BULLETIN for information on the amount and form of payment to the test service. This is a separate application and fee and must be submitted before a test date can be selected.

MONEY NOT REFUNDABLE:

Your application fee of \$70.00 is not refundable. Should it be determined that you are not eligible to sit for the licensure examination, your application fee will not be refunded to you.

SUBMISSION OF APPLICATION TO BOARD OFFICE:

Applicants are solely responsible for submitting the application with the fee for licensure by examination to the Board office.

NCLEX-RN TEST SERVICE APPLICATION:

All applicants are to carefully read the information printed in the NCLEX-RN CANDIDATE BULLETIN for instructions on registering for and scheduling of examination. Please note that no applicant will be permitted to schedule and/or sit for the licensing examination until eligibility has been determined by the Board.

TEMPORARY PERMITS:

Temporary permits will be mailed to qualified applicants after their eligibility has been determined. Temporary permits are not available to repeat examination applicants, graduates of nursing programs located in foreign countries, or to veteran applicants. Temporary permits are only available for the time period immediately following graduation from an approved professional nursing program. Such temporary permit becomes invalid at the time a candidate is notified that he or she has failed the licensing examination. In no case is the temporary permit valid for more than a ninety-day (90) period from the candidate's graduation date. **You may only practice under the direct supervision of a licensee, until the applicant has successfully passed the NCLEX-RN and a license is issued. Please refer to WV CSR §19-3-4 et. Seq. Which gives the guidelines under which you may practice with a temporary permit.**

INCOMPLETE APPLICATIONS:

If the Application for Licensure by Examination is incomplete, it will be returned to applicant for completion. Should an applicant fail to submit supplemental documentation as requested by the Board, or an official, final transcript is not on file, the application will not be reviewed to determine eligibility status. An application will be considered abandoned if all requested documentation and/or transcripts have not been received in the Board office within six months of the time the application form is received in the Board office.

APPLICATION INSTRUCTIONS:

1. Provide your full current legal name beginning with your first name, then middle name, and your last name.
2. Provide your maiden name if applicable.
3. If applicable, provide any/all other name(s) by which you have been legally recognized.
4. Provide your complete mailing address.
5. Provide the state of your primary residence.
6. Provide phone numbers where you may be reached during the day.

7. Provide email address if available.
8. Provide your date of birth as documented on your birth certificate.
9. Provide your Social Security Number in this space.
10. Indicate your gender.
11. Indicate your race or ethnic origin
12. Provide the name, city and state of the high school you attended.
13. Provide the date you graduated from high school.
14. If you did not graduate from high school, provide the date of your G.E.D. test.
15. All portions of this question related to the Nursing Program you attended.
 - a. Graduates of professional nursing education programs provide the name and address of your educational institution.
 - b. Provide the program code number for your nursing education program. You may find this code number in the NCLEX-RN REGISTERED NURSE EDUCATION PROGRAM CODES, which was included in your application packet.
 - c. Provide the date of graduation or anticipated date of graduation from the nursing program as it will appear on your official, final transcript.
 - d. Provide your student identification number.
 - e. Circle the degree type you obtained.
 - f. This line item is only applicable to graduates of nursing programs located outside the United States and U.S. territories. Graduates of nursing education programs outside of U.S. and U. S. territories must provide the certification documentation from the Commission on Graduates of Foreign Nursing Schools (CGFNS) that signifies successful completion of the CGFNS certification examination. **An official letter of confirmation on passing must come directly from CGFNS before the application is complete.** If you have not yet successfully passed this examination, or have not yet taken this examination, you are advised not to complete this application at this time. You are further advised to contact the Commission on Graduates of Foreign Nursing Schools for Information/application on the CGFNS Certification Examination. The address and additional contact information are below:

3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 U.S.A.
Telephone Number (215) - 212-8454
Web address: <http://www.cgfns.org>

An official transcript from our nursing school, written in the English language is requested by the Board along with the descriptions of each nursing course that includes clinical hours completed. Written and verbal competency of the English language is an expectation in order to practice in West Virginia.

16. Indicate whether you have taken the NCLEX-RN before. Provide copies of the results of the exams. All applicants must answer this item. If you answered YES to this question, attach photocopies of all examination results taken in this state or any other state to the back of this application with a paper clip. In addition, if you have previously taken and failed the NCLEX-RN examination, attach a detailed description of all remedial course work undertaken such as review courses, additional formal nursing science course work, etc. to the back of this application. Your application will not be considered complete until all requested documents have been received in the Board office.

SPECIAL ALERT TO REPEAT APPLICANTS: West Virginia Code §30-7-6 states . . . "In the event an applicant shall have failed to pass examinations on two occasions, the applicant shall, in addition to the other requirements of this section, present to the Board such other evidence of his or her qualifications as the Board may prescribe." Individuals repeating the exam must wait forty-five days before retaking the exam. If a candidate must cancel the exam, the Board must receive notice in writing.

All applicants must indicate if they hold or have held any other professional licenses or certifications. If you answered YES to this question, provide the requested information in the spaces provided. Example of additional licenses, certifications include: Licensed Practical Nurse, Emergency Medical Technician, etc. The phone number of the certifying/licensing body is requested.

Eligibility Questions:

1. All applicants must answer Item #1 of the eligibility questions by circling YES or NO. Please indicate which branch of the military on the application. You do not need to send any additional documentation for question #1.
 2. If you answered Yes to #2, please send a narrative indicating the circumstances surrounding your discharge, along with a copy of your DD-214.
 3. If you answered Yes to #3, please submit a letter of explanation along with copies of any documents you have regarding the incident(s).
 4. All applicants must answer Item #4 of the application by circling YES or NO. If you answered YES to this question submit a certified copy of all court documents pertaining to the felony or misdemeanor that you were convicted of or pled guilty to or pled Nolo Contendere. Attach these documents to the back of your application with a paper clip. Your application will not be considered complete until all requested documents have been received in the Board office. The Board may request additional information from you regarding any convictions. The applicant is to provide a letter of explanation regarding the conviction. If you have questions, please contact the Board office.
 5. All applicants must answer Item #5 of the application by circling YES or NO. If you answered YES, please provide a letter of explanation with this application and contact the agency which governs your license or certification and have certified copies of all records regarding your "YES" answer sent directly to the Board office from the agency.
- 6 – 11: All applicants must answer Items #6-11 of the eligibility questions by circling YES or NO. If the answer to questions #6-11 is YES, attach a letter to the back of this application. Your application will not be considered complete, nor reviewed for determination of eligibility status until all requested documents have been received in the Board office. The Board may request additional information, if indicated.
- 12-15: These questions are required by West Virginia law to be included on applications for licensure. You are not required to send in any information with the application when answering YES to these questions.
16. If you answered Yes to #16, please submit a letter of explanation along with copies of any documents you have regarding the incident(s).

ATTESTATION STATEMENT:

After you have read and understood the Attestation Statement, sign the application. Attach the fee to the front of the application with a paper clip and mail back to the Board office.

NOTE – All licenses are annual licenses expiring October 31st of each year and must be renewed. If your initial license is **issued** during the month of **October** then your first renewal fee is waived.

FEE NOT REFUNDABLE

EXAM PERMANENT INITIAL RN LICENSURE 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 (if applicable)	Last name
List any other legal names you have had			
Mailing 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	School NCLEX code US _ _ _ _ _
Date of Graduation / /	Student ID	Degree Type <input type="checkbox"/> Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's	
Graduates of Nursing Programs in Foreign Countries (For more information visit www.cgfns.org)		CGFNS Certification Number	

GENERAL APPLICATION QUESTIONS

Have you previously taken the NCLEX-RN examination? (If Yes, attach photocopies of all results.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold or have you held ANY OTHER professional or occupational licensure or certification? (If Yes, provide the following information)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license/Certification	Lic/Cert Number Issued	Expiration date / /	State	Phone number to verify
		/ /		
		/ /		

ELIGIBILITY QUESTIONS

If answering YES to ANY of the questions below attach a detailed narrative explaining the circumstances surrounding the event(s) and certified copies of related court or Board documents if applicable. Traffic violations resulting in convictions must be reported. 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. Have you ever committed an act of academic dishonesty resulting in disciplinary action by your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you EVER been convicted of a felony or misdemeanor or pled nolo contendere to any crime? (Speeding, parking, registration, no insurance, seatbelt violations do not have to be reported. All other violations must be reported)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have any criminal charges currently pending in any state, territory, or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever or are you currently using illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever or are you currently abusing prescription or over the counter medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has a complaint ever been filed against ANY professional license(s) or certification(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has action ever been taken against ANY professional license(s) or certification(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have a child support obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. 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
14. Are you the subject of a child support subpoena or warrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. 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
<i>WV Code §21A-2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment compensation laws or the workers' compensation laws, or under both laws of this State.</i>	
16. Have you ever committed an act that is NOT considered "Good Professional Character", which is defined by the Board as "the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the board, indicates that an individual is able to consistently conform his or her conduct to the requirements of W.Va. Code § 30-7-1 et seq., the board's rules and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability and integrity."	<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 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

REQUIREMENTS FOR EXAM APPLICANTS IN ORDER TO BE APPROVED TO SIT FOR THE NCLEX-RN EXAMINATION IN ADDITION TO THE APPLICATION AND FEE

- A. If applying to sit for the NCLEX-RN examination FOR THE FIRST TIME AND MORE THAN FIVE (5) YEARS since graduation from an accredited nursing program; the applicant must in addition to the application and fee:**
1. Provide evidence to the Board of completion and results of assessment testing with recommendations of a plan to remedy deficiencies of current nursing knowledge by a qualified faculty member and;
 2. Provide evidence to the Board of satisfactory completion of the plan to remedy deficiencies of current nursing knowledge as recommended by a qualified faculty member.
- B. If applying to sit for the NCLEX-RN examination AFTER ONE FAILED ATTEMPT AND MORE THAN FIVE (5) YEARS since graduation from an accredited nursing program; the applicant must in addition to the application and fee:**
1. Provide evidence to the Board of completion and results of assessment testing with recommendations of a plan to remedy deficiencies of current nursing knowledge by a qualified faculty member and
 2. Provide evidence to the Board of satisfactory completion of the plan to remedy deficiencies of current nursing knowledge as recommended by a qualified faculty member.
- C. If applying to sit for the NCLEX-RN examination AFTER TWO AND THREE FAILED ATTEMPTS the applicant must in addition to the application and fee:**
1. Provide evidence to the Board of satisfactory completion of **Category A** requirements and;
 2. Provide evidence to the Board of satisfactory completion of **Category B** requirements.
- D. If applying to sit for the NCLEX-RN examination AFTER FOUR FAILED ATTEMPTS the applicant must in addition to the application and fee:**
1. Provide evidence to the Board of completion and results of assessment testing with recommendations of courses to remedy deficiencies of current nursing knowledge by a qualified faculty member and;
 2. Provide evidence to the Board of satisfactory completion of course(s) recommended to remedy deficiencies by submitting to the Board an official transcript of credit or audited credit for courses completed.
- (An example of a nursing assessment test is the Mosby Assess Test. There are others available.)**
- E. If applying to sit for the NCLEX-RN examination AFTER TWO OR MORE FAILED ATTEMPTS AND MORE THAN TWO (2) YEARS AND LESS THAN FIVE (5) YEARS since graduation from an accredited nursing program; the applicant must in addition to the application and fee:**
1. Provide an individualized plan of study that identifies the comprehensive review program which the applicant plans to attend and;
 2. Provide evidence to the Board of successful completion of a comprehensive nursing review program.
- F. Applicants wishing to sit for the NCLEX-RN examination AFTER TWO OR MORE FAILED ATTEMPTS AND AFTER FIVE (5) YEARS SINCE GRADUATION FROM AN ACCREDITED NURSING PROGRAM must seek approval from the Board.**
1. Provide evidence to the Board of completion and results of assessment testing with recommendations of courses to remedy deficiencies of current nursing knowledge by a qualified faculty member and;
 2. Provide evidence to the Board of satisfactory completion of course(s) recommended to remedy deficiencies by submitting to the Board an official transcript of credit or audited credit for courses completed.

Include any additional information that may assist in the further consideration of your application. This may include but is not limited to plans of study, tutoring, and review/audited/new course work.

Enclosed for your use is an Application for Licensure by Examination. Documentation of having met the additional requirements as specified in this letter must be sent directly from the instructor to the Board office. An application that is incomplete or lacks required documentation cannot be processed, and will either be returned to the applicant and/or the additional information will be requested.

*Satisfactory completion is defined as a grade of C or above in and A to F grade scale or Pass/Credit for an audited course.

REQUIREMENTS TO REPEAT THE LICENSURE EXAMINATION AFTER TWO FAILED ATTEMPTS

Each applicant who has failed the NCLEX-RN examination two (2) times must select and complete one item from Category A and one item from Category B.

CATEGORY A

Activities that maintain current level of nursing knowledge:

- (1) Individualized plan of self-study that identifies duration of study, resources, textbooks, review books, audio tapes, video tapes, times for study, computer tutorial programs, etc.

Documentation: Letter from candidate certifying completion of plan of action as previously submitted to the Board.

- (2) Individualized plan of self-study that identifies specific nursing knowledge to be gained as a result of self study.

Documentation: (As in #1 above)

- (3) Formal review courses offered by institutions, schools of nursing, commercial organizations, etc. If a formal review course is used to meet a Category A requirement, the course must be taken since the last failed result and within 12 months whichever is the shorter time frame.

Documentation: Certificates of completion for formal review courses. Certificates must show name of institution offering review program, the name of the candidate, the name of the review course, and the dates and locations of review course.

CATEGORY B

Activities that remedy deficiencies in current level of nursing knowledge:

- (1) Completion of ten (10) or more contact hours of private tutoring by a registered professional nurse who is qualified with a master's degree in nursing, and current or past teaching experience in a registered professional nursing program.

Documentation: Letter (on school letterhead if currently teaching; former teaching position must be included in letter if not currently teaching) from a qualified faculty member certifying completion of ten (10) or more contact hours of private tutoring. This letter should provide dates, hours, and topics for tutoring sessions and must be signed by the faculty member. The qualified faculty member is to indicate his/her qualifications with regard to academic credentials and teaching experience in an accompanying curriculum vitae. The letter from the tutor must be sent directly to the Board office.

- (2) Completion for credit or audit credit of a formal course in nursing science as offered by a state approved registered professional nursing education program.

Documentation: Official transcript showing completion of course for audit credit or course credit with an overall grade of "C" or better.

- (3) Completion for credit or audit credit of the lecture (didactic) portion of a formal course in nursing science as offered by a state approved registered professional nursing education program.

Documentation: Official transcript showing completion of course for audit credit and/or letter from course instructor certifying that the candidate passed the examinations given in the course with an overall grade of "C" or better.

- (4) Completion for credit or audit credit a formal course in pharmacology as offered by an accredited institution of higher learning.

Documentation: (As in #2 above.)

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