

WV APRN PRE-APPLICATION FOR ENLC APPLICANTS

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: aprn@wv.gov
Web: wvrnboard.wv.gov

INSTRUCTIONS

This application is only for applicants who have NEVER held a West Virginia RN license, who currently hold a Multistate RN license from another state and are applying for a West Virginia Advanced Practice nursing license and/or Prescriptive Authority privileges.

If you are moving your permanent legal residence to West Virginia, DO NOT COMPLETE THIS FORM. You must complete the RN License Endorsement Application.

You may either mail or fax this completed application back to the WV RN Board, or scan and email to aprn@wv.gov. Afterward, you will be sent via email the information you may use to fill out our Advanced Practice online application.

APPLICANT INFORMATION

First name	Middle	Last	Maiden name
List any other legal names you have had			
Multistate license – state of issuance	Will you be moving to WV prior to the expiration of your current multistate license?		
Street address			
City	State	Zip	
Phone (primary)	Alternate phone		
Email address			
Date of Birth (mm/dd/yyyy)	Social Security Number	Gender	Race
/ /	- -	<input type="checkbox"/> Male <input type="checkbox"/> Female	<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

SIGNATURE

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.

Signature of Applicant

Date