



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

5001 MACCORKLE AVE., SW  
SOUTH CHARLESTON, WV 25309  
PHONE: 304-744-0900 WEB: WVRNBOARD.WV.GOV  
FAX: 304-744-0600 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. Thank you.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date