



Virginia Department of  
**Health Professions**  
Board of Nursing

9960 Mayland Drive  
Suite 300  
Perimeter Center  
Henrico, Virginia 23233  
(804) 367-4515  
[www.dhp.virginia.gov/Boards/Nursing/](http://www.dhp.virginia.gov/Boards/Nursing/)

**REQUEST TO CHANGE LICENSE STATUS: INACTIVE TO ACTIVE FOR RN & LPN**

Fee (check one):  RN (\$70)  LPN (\$60)

Completed by Finance: Receipt #

Name:

Phone #:

Address:

City:

State:

Zip:

Email:

License #:

License Expiration Date:

Last (4) of SSN:

Date of Birth:

In accordance with nursing regulation [18 VAC 90-19-10](#), I declare that the state of:  is my **Primary State of Residence**.

In accordance with nursing regulation [18 VAC 90-19-180 \(B\)](#), if license has been in a current-inactive status (\*not expired status) for more than 2 years, the following is REQUESTED before your license can be made Active again:

**Completed continuing education requirements:** evidence of at least one (1) of the learning activities or courses specified in [18 VAC 90-19-160](#) during the two (2) years immediately preceding application for reinstatement. Applicable regulation regarding supporting documentation for compliance should be reviewed at: [18 VAC 90-19-170](#).

I have completed the continued competency requirements.

**-OR-**

The Board may waive all or part of the continuing education requirement for a nurse who holds a current, unrestricted license in another state AND who has engaged in active practice during the period the Virginia license was lapsed. Evidence must be provided to request that the VBON waive the CE requirements.

By checking this box, I am requesting VBON consider waiving continuing education requirements by providing written verification of active licensure and active practice during the time my license was expired to include:

- copy of current license (**only for non-NURSYS participating states**);
- letter from employer on official letterhead verifying name/position/dates of employment;
- copy of a recent pay stub with name/position/name of the medical facility.

**By the signature below, I ATTEST to the accuracy of the information provided above:**

Signature:

Date:

Revised: 7/1/19

☛ If upon verifying your license online through: <https://dhp.virginiainteractive.org/Lookup/Index> it has been expired for more than 2 years, you must apply for licensure by Reinstatement.

☛ Fees may be found at <http://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/Fees/>