



**CHECKLIST INSTRUCTIONS
REPEAT EXAMINATION APPLICATION**

Check One: RN LPN
Fee: \$50

➤ **COMPACT INFORMATION:**

Virginia is a *Nurse Licensure Compact (NLC)* participating state. Virginia implemented the *Enhanced Nurse Licensure Compact (eNLC)* on January 19, 2018. In order to receive a license with *multi-state privilege(s)*, an applicant must meet all [Uniform Licensure Requirements](#) in accordance with [Virginia Code § 54.1-3040.3 C](#). If you do not meet all **Uniform Licensure Requirements (ULRs)** OR you reside in a 'non-compact' state, you may be eligible for a single-state license authorizing practice only in Virginia.

If your **Primary State of Residence (PSOR)** is a compact state, you must apply for licensure in your PSOR (home state). *Primary state of residence (PSOR)* is defined by the NLC as: *the state of a person's declared fixed permanent and principal home or domicile for legal purposes*. If your PSOR is Virginia or a non-compact state, you must obtain a Virginia license to practice as a nurse in Virginia. Please indicate on the application your primary state of residence.

- In accordance with Virginia law [Virginia Code §54.1-3040.3 \(C\)](#): If you meet all **Uniform Licensure Requirements (ULRs)** and your PSOR is **Virginia**, you will be granted a license with *multi-state privilege* that allows you to practice in other compact states. For current information on the NLC go to: <https://www.ncsbn.org/nurse-licensure-compact.htm>.

REQUIREMENTS BELOW - Check COMPLETED applicable items included with your application:

- Completed Application to VBON* and required Fee:** fee must be paid by check or money order made payable to *Treasurer of Virginia*. Your application will not be reviewed until you have submitted payment and fees are **non-refundable**.
Note: If it has been more than one (1) year from the date your initial application was filed with the Board, you are required to submit an initial application along with the initial application fee (LPN \$170/RN \$190).
- Complete fingerprint-based Criminal Background Check (CBC):** required by [Virginia Code §54.1-3005.1](#): Register for fingerprinting exclusively through [Fieldprint Va](#). You must contact the [VBON CBC unit](#) for your *Fieldprint Code* that is required to register for fingerprinting. More information for initiating the CBC is found at [VBON CBC Info](#).
***Note:** If it has been over one (1) year from the date you previously completed the fingerprinting process for the VBON, you are required to have another fingerprint-based criminal background check.
- Complete a Separate Application with Pearson Vue to take the NCLEX Exam online at:** www.pearsonvue.com/nclex or by phone at 1-866-496-2539 (pay with either credit or debit using Visa, MasterCard or American Express).
- Download the complete NCLEX Candidate Bulletin** from the following website: www.pearsonvue.com/nclex for instructions and important information concerning taking the NCLEX and scheduling your appointment to test.

OTHER INFORMATION:

- **Supporting Documents:**
 - Name Change: If your name on the repeat application is different from the name on file with your original application, a copy of your marriage certificate, naturalization certificate or the court order authorizing the change.
- **Additional Information:**
 - Nursing laws and regulations may be obtained at: <http://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/LawsRegulations/>
 - Documents submitted with the application are property of the Board and cannot be returned.
 - An incomplete application for licensure will be retained on file for one (1) year. If not completed within one year, a new application may be necessary.
 - For more information on how to access your unofficial exam results, go to [Quick Confirm](#).

INSTRUCTION CHECKLIST MUST BE INCLUDED WITH PAPER APPLICATION



APPLICATION - REPEAT EXAMINATION (RN/LPN)

FOR OFFICE USE ONLY (Finance Division)			FOR OFFICE USE ONLY (BON Staff)		
Fee Paid: <input type="checkbox"/> \$50.00	Applicant ID #	Receipt #	Transcript Processed: <input type="checkbox"/>	Ack. Letter: <input type="checkbox"/>	Deemed Eligible: <input type="checkbox"/>
			License #:	Issue Date:	Approved By:

I hereby make application for licensure by examination as a **Registered or Practical Nurse** in the Commonwealth of Virginia. The following evidence of my qualifications is submitted with a **check or money order** in the amount of **\$50.00** made payable to the *Treasurer of Virginia*. **The application fee is non-refundable.**

Disclosure of Addresses

Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publically available please complete both sections with same address.

Disclosure of Social Security or DMV Control Numbers

Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number or your control number issued by the *Virginia* Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. Under [Virginia Code § 54.1-116 \(B\)](#), foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.

1. PERSONAL INFORMATION:				
APPLICANT – Please provide the information requested below and on the next two pages. Use full name, not initials.			Applicant Type (Check One): <input type="checkbox"/> RN <input type="checkbox"/> LPN	
Name: Last	First	Middle/Maiden	Suffix	
Previous Names Used (if applicable or write N/A for not applicable):				
Address of Record (Mailing Address):	City:	State	Zip:	Telephone Number:
Publicly Disclosable Address:	City:	State	Zip	Telephone Number:
Email Address:				
Date of Birth: ___ / ___ / _____	Social Security Number OR Virginia DMV Control #: *Note: SSN is required for a permanent license			
Print your name as you wish it to appear on your license:				
DECLARATION OF PRIMARY STATE OF RESIDENCE				
I declare that the state of: <input type="text"/> is my Primary State of Residence and that such constitutes my permanent and principal home for legal purposes. (*If not VA, refer to Compact info on the Instruction page).				

2. UNIFORM LICENSURE REQUIREMENTS

In order to receive a license with *multi-state privilege(s)*, an applicant must meet all [Uniform Licensure Requirements](#) in accordance with [Virginia Code § 54.1- 3040.3 C](#). If you do not meet all Uniform Licensure Requirements (ULRs) OR you reside in a 'non-compact' state, you may be eligible for a single-state license authorizing practice only in Virginia. For current information on the NLC go to: <https://www.ncsbn.org/nurse-licensure-compact.htm>.

Do you meet all [Uniform Licensure Requirements](#) in accordance with [Virginia Code § 54.1- 3040.3 C](#)? YES *NO

*If No, provide details in Explanation Section.

3. ADDITIONAL QUESTIONS

Answer YES or NO to *EACH* of the following:

1. Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations) YES NO
 - A. If YES, detail under **Explanation** section (if information previously submitted to Board, state this along with conviction details).
2. Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? YES NO
 - A. If YES, detail under **Explanation** section.
 - B. Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES NO
3. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing nurse. YES NO
 - A. If YES, detail under **Explanation** section. (**Note:** The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application or have your provider send this documentation directly to the Board).
4. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing nurse. YES NO
 - A. If YES, detail under **Explanation** section. (**Note:** The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application or have your provider send this documentation directly to the Board).
5. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing nurse. YES NO
 - A. If YES, detail under **Explanation** section. (**Note:** The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application or have your provider send this documentation directly to the Board).
6. Do you wish to have **accommodation for taking the NCLEX due to a disability**? YES NO
 - a. If yes, and you are requesting accommodations for the first time, please provide the documentation listed below. **If you were approved for accommodations with your initial application for licensure by examination please state that the documents are on file with the Board in the Explanation section below.**
 - b. Applicants who wish to request accommodations because of a disability must complete the application for licensure by examination and submit **along with the application and fee** the following documentation to the Board of Nursing office:
 1. A letter of request from the candidate that specifies the testing accommodations being requested;
 2. A written report of an evaluation (educational, psychological, or physical) within the preceding two years from a qualified professional which states a diagnosis of the disability, describes the disability, and recommends specific accommodations;
 - This evaluation should include a professionally recognized diagnosis of the disability and identification of the standardized and professionally recognized tests/assessments given (e.g. Woodcock-Johnson, Wechsler Adult Intelligence Scale);
 - If testing was completed more than two years prior to this request, a physician or psychologist must provide a summary stating why current testing is not needed (e.g. the disability does not change over time and new testing would not reveal new information);
 - The scores resulting from testing, interpretation of the scores, and evaluations;
 - The recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability; and
 3. A written statement from the Program Director (or designee) of the nursing or nurse aide education program which describes any testing accommodations made while the student was enrolled in the program.

Note: The above information may be sent at the same time as the application or after the application has been submitted but must be received within twelve months (1 year) of submitting the application.

EXPLANATION SECTION (If no information provided here: line through Section; or Attach additional pages if necessary):

SIGN AND DATE CERTIFICATION BELOW

CERTIFICATION

I certify by entering my signature below, I am the person applying for licensure and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me and that statements made on the application are *true and complete*. I understand that providing false or misleading information as well as omitting information in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license.

Signature:

Date: