

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES  
101 DEE DRIVE SUITE 102 CHARLESTON, WV 25311-1620  
PHONE: 304-558-3596 OR 877-743-6877  
Website: [www.wvrnboard.com](http://www.wvrnboard.com) Email: [rnboard@wv.gov](mailto:rnboard@wv.gov)

**ADVANCED PRACTICE REGISTERED NURSE**

**INITIAL APPLICATION**

**ENDORSEMENT APPLICATION**

If you currently have Announcement of Advanced Practice or you have a current Certified Nurse-Midwife license DO NOT submit this application. An APRN license will be issued to you through the grandfathering process provided your advanced practice certification is current.

To pay with a credit card, visit [www.wvrnboard.com](http://www.wvrnboard.com).

**DIRECTIONS FOR COMPLETING THIS APPLICATION:** Download the application, complete and submit it along with a payment of \$35.00 in the form of a check or money order to the Board office. Have the related transcript and certification mailed directly to the Board office. **Read questions and statements carefully. \*\*APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIREMENTS ARE MET\*\***

WV RN License Number: \_\_\_\_\_ Must have a current WV RN License to obtain an APRN License

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Select the APRN designation desired by checking below all that apply:**

**1. APRN Role**

Certified Registered Nurse Anesthetist

Certified Nurse-Midwife

Certified Nurse Practitioner  
**Nurse Practitioner Population**  
**(Check all that apply)**

Clinical Nurse Specialist  
**Clinical Nurse Specialist Population**  
**(Check all that apply)**

- Family
- Neonatal
- Pediatric
  - \_\_\_ Acute Care
  - \_\_\_ Primary Care
- Adult-Gerontology
  - \_\_\_ Acute Care
  - \_\_\_ Primary Care
- Women's Health Gender-Related
- Psychiatric/Mental Health

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**2. Practice Information if employed or volunteering in an APRN role**

Employer: \_\_\_\_\_  
Name Phone Number Date of Employment

Address City State Zip Code

3. Do you practice nursing **ONLY** in a military /federal facility?     Yes    No
4. **Post Basic Education Information\*\*\*\*** Have an official transcript from the advanced education program sent directly to the Board office from the education program. For closed programs refer to cover letter\*\*\*

Name of Institution				Phone Number	Date of Graduation: _____
Address	City	State	Zip	Degree Conferred: _____	

5. List all previous RN and APRN licenses you held or continue to hold\*

RN LICENSE NUMBER	APRN LIC NUMBER	INITIAL ISSUE DATE	APRN ROLE/POPULATION	STATE
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____

6. **\*Have verification of each APRN license sent directly from the Board of Nursing in the state where it was issued to the WV RN Board office.**

If answering YES to ANY of the questions below *attach an explanation and certified copies of related court documents if applicable.* Traffic violations resulting in convictions must be reported. For questions, please contact the Board office at [rnboard@wv.gov](mailto:rnboard@wv.gov) placing APRN Discipline Department in the subject line. If you have previously submitted this information, note this on the application and do not submit it again.

7. Have you **EVER** been convicted of a felony or a misdemeanor or pled nolo contendere to any crime. Minor traffic violations such as speeding or parking tickets do not have to be reported.  
(Circle One)    YES        NO
8. Have you ever or are you currently abusing prescription or over-the-counter medication?  
(Circle One)    YES        NO
9. Have you ever or are you currently using illegal drugs?  
(Circle One)    YES        NO
10. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?  
(Circle One)    YES        NO
11. 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?  
(Circle One)    YES        NO
12. If you hold a professional or occupational license or certificate of any kind, has your nursing practice ever been disciplined or monitored for any reason, including monetary fines, continuing education, etc., by any facility, board or group?  
(Circle One)    YES        NO
13. **Certification Statement:**  
I understand that in order to maintain an advanced practice registered nurse license I must assure that current information is on file at the Board office **at all times.** I understand that failure to submit current information regarding certification or re-certification

beyond the expiration date on file with the Board will cause my APRN license to lapse and I will be required to submit a reinstatement application.

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that supplying false information and failure to comply with requirements for licensure is a violation of WV Code §30-7-1 et. seq and subjects me to the full range of disciplinary action described therein.

I understand it is against the law to practice registered professional nursing as an RN or an APRN in the state of West Virginia without a valid license. I have read and understand the law and rule pertaining to announcement of advanced practice. I understand that I am responsible for being knowledgeable of and comply with WV Code §30-7-1 et. seq, related rules and will practice within the law, practice standards and documented education and competencies of my advanced practice certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

APP 11.21.13