

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  
REINSTATEMENT LICENSE APPLICATION**

DIRECTIONS: Download and complete the application and submit it along with a payment of \$35.00 in the form of a check or money order to the Board office. **Read questions and statements carefully, complete, and submit to the Board office along with the fee of \$35.00. *\*\*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**

- |   |  |
|---|--|
| <input type="checkbox"/> Certified Registered Nurse Anesthetist | <input type="checkbox"/> Certified Nurse-Midwife   |
| <input type="checkbox"/> Certified Nurse Practitioner           | <input type="checkbox"/> Clinical Nurse Specialist |
- Nurse Practitioner 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
- Clinical Nurse Specialist Population (Check all that apply)**
- Family
  - Neonatal
  - Pediatric
  - Adult-Gerontology
  - Women's Health Gender-Related
  - Psychiatric/Mental Health

**2. CURRENT CERTIFICATION:** Contact the certifying body to have verification of the certification sent directly to the WV RN Board office.

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

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

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

**Requirements if not in Practice for the Past 2 or 5 years**

If you have not been in clinical practice for more than the past **2 years**, you must provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice.

If you have not been in clinical practice for more than the past 5 years, you must provide the following:

- a. Evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the 2 years prior to application for approval to practice;
- b. Evidence of satisfactory completion of a refresher course or orientation program approved by the Board. An orientation program shall:
  - 1. Include the appropriate advanced practice role and population focus;
  - 2. Be of sufficient length to satisfy the learning needs of the inactive advanced practice nurse and to assure that the advanced practice nurse meets the minimum standard for safe, competent care;
  - 3. Be of sufficient length to satisfy the learning needs of the inactive advanced practice nurse and to assure that the advanced practice nurse meets the minimum standard for safe, competent care;
  - 4. Cover the entire scope of the authorized advanced specialty area with content that will include, but not be limited to, that which is specified in Board guidelines, and,
  - 5. Include a supervised clinical component by a qualified preceptor who is a graduate prepared health care provider with comparable practice focus and meets the following requirements:
    - A. Holds an active unencumbered license or privilege practice;
    - B. Is in current practice in the advanced role and population foci; and,
    - C. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

4. Do you practice nursing **ONLY** in a military /federal facility?     Yes    No

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. _____	_____	_____	_____	_____

If additional space is needed for other licenses please go to Page 3 and add the information.

6. **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\*\*\*

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

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, there is no need to send 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 fines, continuing education, etc., by any facility, board or group?  
(Circle One) YES NO
- 13. I have\_\_\_\_, have not \_\_\_\_\_, been working as an Advanced Practice Registered Nurse in the state of West Virginia since my APRN License lapsed or was place on the inactive list.

14. **Certification:**

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 \_\_\_\_\_

