

Laura S. Rhodes, MSN, RN
Executive Director

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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
.101DeeDrive, Suite102
Charleston, WV 25311-1620

OUT OF STATE SCHOOL OF NURSING APPROVAL APPLICATION
FOR USE OF WEST VIRGINIA HEALTH CARE FACILITIES
FOR STUDENT CLINICAL ROTATIONS

All out of state nursing programs using West Virginia Health Care Facilities for student clinical rotations must receive prior approval from the West Virginia Board of Examiners for Registered Professional Nurses (WV RN Board). Students enrolled in a nursing program are only exempt from licensure if the program has received WV RN Board approval prior to the clinical experience. Students from out of state programs not having WV RN Board approval who attend clinical rotations in West Virginia Health Care Facilities are considered illegal practitioners and subject to the related penalties for practicing nursing without a license. Therefore it is imperative that programs receive prior approval from the WV RN Board.

To obtain WV RN Board approval for purposes of using West Virginia Health Care Facilities for student clinical rotations please provide the following information:

1. Evidence of program approval by the Board of Nursing In the state in which the school is located and accreditation by a national nursing accreditation body approved by the Board. National nursing accrediting bodies approved by the WV RN Board include the Accreditation Commission for Nursing Education (ACEN) or the Commission on Collegiate Education (CCNE). This requirement can be met by providing a copy of the approval letter from the approving body.
2. If the Board of Nursing in the state where the nursing program resides does not approve schools of nursing, then the program shall provide evidence of approval by a national nursing accreditation body approved by the Board. National accrediting bodies approved by the Board include ACEN and CCNE.
3. Provide name of the West Virginia Health Care Facility and the names and credentials of faculty members who will accompany students to West Virginia. (FORM A)
 - A. Documentation of the names of each health care facility to be used, specific clinical units, number and level of students.
 - B. Faculty members must have an unencumbered license in all states in which they hold a license.
 - C. Faculty members must have a current, active, unencumbered license in West Virginia.

Out of State School of Nursing Approval Application
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4. A signed letter of support from the nursing administrator of each facility to be used speaking to the availability of clinical resources in that facility. (FORM B)
5. A signed letter of support from the nursing administrator over each school of nursing within a twenty five (25) mile radius of the health care facility to be used. This letter will indicate that the presence of students from the out of state school will not infringe upon the clinical opportunities of students enrolled in West Virginia schools of nursing. (FORM C)
6. Evidence that the state in which the requesting school resides permits nursing students from West Virginia to attend clinical rotations in that state. Programs in OH, PA, MD, KY and VA are **not required to complete this item** as the information is already in the WV RN Board office.

If you have any questions about these requirements please e-mail rnboard@wv.gov or phone 304-558-3596.

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
 101 DEE DRIVE, SUITE 102
 CHARLESTON, WEST VIRGINIA 25311-1620

FACIUTY NAME AND ADDRESS: _____

SCHOOL OF NURSING: _____

Contact Person at the facility (include name, position, phone number and email address)	Time frame for clinical experience	Number and level of students	Clinical area used for clinical experiences	Faculty name with credentials and contact information (phone and email)	WV RN license number	All Licenses Unencumbered
Jane Doe, RN 304-111-1111 jdoe@wvclinic.org	Wednesday 3p-11p	6 Junior level	1 East – Medical/Surgical	Florence Nightingale, RN, MSN	00001	Yes

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101 Dee Drive, Suite 102
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NURSING EXECUTIVE
OFFICER: _____

NAME OF
FACILITY: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

I, _____ (Nursing Executive Officer) am the person
verifying that _____ (school of nursing) has
requested the use of this facility for purposes of clinical experience for _____
(number) and _____ (level) nursing students. The unit(s) that will be
used for these experiences at this facility will be _____. I
verify availability of the clinical resources that will be used by the above school of
nursing for purposes of clinical experience for the above number and level of
nursing students.

Nursing Executive Officer Signature/Date: _____

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DEAN/DIRECTOR: _____

NURSING EDUCATION PROGRAM:

ADDRESS: _____

CITY/STATE: _____

PHONE _____

EMAIL ADDRESS: _____

I, _____ (Dean/Director of program) am the
person verifying that _____ (school of nursing)
requesting approval for student clinical rotations at _____
(clinical facility) will not infringe upon the clinical opportunities of students
enrolled in this program.

Nursing Dean/Director Signature/Date: _____