

Endorsement 90 Day Temporary License Application

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

Phone: (304) 558-3596 Fax: (304) 558-3666

e-mail: rnboard@wv.gov web address: www.wvrnboard.wv.gov

1. NAME: _____
FIRST MIDDLE MAIDEN LAST

2. OTHER NAMES: _____
LIST ANY OTHER LEGAL NAMES YOU HAVE HAD

3. SOCIAL SECURITY NUMBER: _____ - _____ - _____

4. ADDRESS: _____
STREET OR P.O. BOX NUMBER

CITY STATE ZIP

5. DATE OF BIRTH: _____ 6. PLACE OF BIRTH: _____
MM/DD/YYYY CITY STATE

7. U.S. CITIZEN (circle one) YES NO 8. GENDER (circle one) MALE FEMALE

9. MARITAL STATUS: (Circle One) a. Single
b. Married
c. Divorced
d. Widow
e. Other (list) _____
10. RACE/ETHNIC ORIGIN (Circle One)
a. Caucasian (white)
b. African American (black)
c. American Indian or Alaskan Native
d. Asian or Pacific Islander
e. Hispanic
f. Other (list) _____

11. PHONE NUMBERS: _____
Provide numbers where you may be reached during the day.

12. HIGH SCHOOL: _____
Name of High School City State

13. DATE OF GRADUATION: _____
MM/DD/YYYY

If you did not graduate from high school, provide General Education Development (G.E.D.) Info.

14. DATE OF G.E.D. _____ 15. SCORE: _____
MM/DD/YYYY

24. Do you have a child support obligation? (Circle One) YES NO
25. Do you have an arrearage that equals or exceeds the amount of child support payable for six (6) months? (Circle One) YES NO
26. Are you the subject of a child support subpoena or warrant? (Circle One) YES NO
27. Do you own all or part of a business that operates within West Virginia?
(Circle One) YES NO If YES, list the FEIN# _____.

WV Code §21A-2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment compensation laws or the worker's compensation laws, or under both laws of this State.

28. Have you ever or are you currently serving in a branch of the military?
(Circle One) YES NO
If so which branch _____.

Have you ever been discharged from a branch of the military with anything other than an honorable discharge? YES NO If yes send explanation and DD214

If answering YES to ANY of the questions below attach an explanation and certified copies of court related documents and State Board action if applicable. Traffic violations resulting in convictions must be reported. If you have questions, please contact the Board office at (304) 558 - 3596 to speak with someone in the Discipline Department.

29. Have you **EVER** been convicted of a felony or a misdemeanor or pled nolo contendere to any crime? (Speeding, parking, registration, no insurance, seatbelt violations do not have to be reported. All other violations must be reported)
(Circle One) YES NO
30. Do you have any criminal charges currently pending in any state, territory or country?
(Circle One) YES NO
31. Has a complaint ever been filed against ANY professional or occupational license in this state, or any other state, territory or country?
(Circle One) YES NO
32. Have you ever or are you currently using illegal drugs?
(Circle One) YES NO
33. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?
(Circle One) YES NO
34. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group?
(Circle One) YES NO

35. 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? If yes attach a letter of explanation. Additional information may be requested.

(Circle One) YES NO

36. Provide information on current or most recent employment:

NAME OF EMPLOYER: _____

LOCATION: _____

City

County

State

Zip+4

37. Attach an IDENTIFICATION PHOTO in the space provided. This photo is for identification purposes and should look as much as possible like you usually look.

Sign your name ON the picture.

DO NOT mark across the face

Do not send snap shots.

FADE PROOF COLOR
PASSPORT PHOTO

HEAD AND NECK ONLY

No nursing caps or hats in the picture. No "Glamour Shots"

**SIGN NAME ACROSS
BOTTOM OF PICTURE**

Name of Agency where you plan to seek employment or practice nursing in West Virginia

NAME _____ ADDRESS _____

PHONE: _____

If you are employed by a nurse placement service or "traveling nurses agency" or are in WV to provide nursing services with an organized event give name of agency and contact person, or event, address, and phone number below.

NAME _____ ADDRESS _____

PHONE: _____

This is to certify that I have a current, valid license to practice nursing as a Registered Nurse in another state as follows:

State of Current Licensure: _____

License Number (in another state): _____

Expiration Date of Current License: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

I, the undersigned, being duly sworn, according to law, do depose and say that I am the person whose photograph is attached hereto and who is referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit. I understand that supplying false information on this application is ground for denial of licensure or disciplinary action against the license. **FURTHER:** I authorize the release of all documents compiled by any law enforcement agency pertaining to me to the Board upon the request of the Board or its agent. Said release includes records in existence as of this date, as well as those compiled at any time in the future.

I further certify that my license is in good standing; I have had no disciplinary action taken on my license and no disciplinary action is pending. I further certify that I passed the NCLEX-RN or SBTPE examination given in the United States of America.

I further certify that I am responsible for knowing and practicing according to the West Virginia laws and rules governing the practice of registered professional nurses.

Applicant Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires on the _____ day of _____, 20_____.

(SEAL) _____
Notary Signature

Notary Public in and for: County: _____

State: _____

TEMPORARY LICENSE ENDORSEMENT INSTRUCTIONS
ALL FEES EXPIRE AFTER 6 MONTHS

1. Complete the application. An application that is incomplete will be returned for completion.
2. Submit the fee of \$25.00 in the form of a money order or cashier's check made payable to the WV RN Board. (Company checks not excepted).
3. Attach a Passport, identification quality photograph to the application. Sign your name ON the picture.
4. Provide a narrative statement or support documents as required based on answers to questions. Submit certified court documents as appropriate.
5. The temporary permit shall be effective for ninety days and such permit may not be renewed. If you have been licensed in the state of West Virginia previously and your license is lapsed, you will need to have the license reinstated through the Online RN Reinstatement service at <http://wvrnboard.wv.gov>.
6. Sign and notarize the application.
7. Mail completed application to:

West Virginia Board of Registered Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311