

# Endorsement 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](mailto:rnboard@wv.gov) web address: [www.wvrnboard.com](http://www.wvrnboard.com)

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.

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If answering YES to ANY of the questions below attach an explanation and certified copies of court related documents and/or the appropriate regulatory board. Contact the Board office at (304) 558 - 3596 to speak with someone in the Discipline Department.

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

If so which branch \_\_\_\_\_.

A. Have you ever been discharged from a branch of the military with anything other than an honorable discharge?

YES If yes send explanation and DD214

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. 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

35. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group?  
(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 across the bottom of 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**

**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.

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: \_\_\_\_\_

**MONEY NOT REFUNDABLE**

**APPLICATION AND FEE GOOD FOR SIX (6) MONTHS**

**SEE INSTRUCTIONS FOR FEE AMOUNT**

**TO OBTAIN A TEMPORARY PERMIT  
COMPLETE PAGE 5 OF THIS APPLICATION**

**TEMPORARY PERMIT APPLICATION**

**COMPLETE ONLY IF  
YOU WISH TO OBTAIN A 180-DAY TEMPORARY PERMIT TO PRACTICE.**

**AN ADDITIONAL \$25.00 FEE IS REQUIRED. THE TOTAL OF \$125.00 IS REQUIRED FOR  
ENDORSEMENT AND A TEMPORARY PERMIT.**

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

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_

If you are employed by a nurse placement service or "traveling nurses agency" give name of agency, address, and phone number below.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_

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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: \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

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Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary  
Seal or  
Stamp

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Expiration Date of Commission