

**West Virginia Board of Examiners
for Registered Professional Nurses**

101 Dee Drive Suite 102
Charleston, WV 25311-1620
Phone: (304) 558-3596 or 1-877-743-NURS(6877)
Fax: (304) 558-3666

Web Address: www.wvrnboard.com Email: rnboard@wv.gov

ALL LICENSES EXPIRE ANNUALLY OCTOBER 31ST

Endorsement Application and Instructions:

**Application Fee: \$100.00 Temporary Permit: Additional \$25.00 For both: \$125.00 by
money order or cashiers check
(printable)**

**A verification of license from your original state of licensure is required before a
permanent license can be issued. Send the verification request to the appropriate
place immediately to avoid delays in processing your license.**

INSTRUCTIONS FOR APPLICATION BY ENDORSEMENT

If the applicant has **ever been licensed** to practice Registered Professional
Nursing **in West Virginia**, please request the **REINSTATEMENT FORM**. You
may call the Board office at
304-558-3596 for the correct form or download it from the web site listed
above.

**ALL OTHER APPLICANTS MUST COMPLETE THE
ENDORSEMENT FORM AS FOLLOWS:**

1. Complete the **APPLICATION FOR LICENSURE BY
ENDORSEMENT** and sign the affidavit before a notary public with a
seal.
2. Attach a color, two inch by two inch (2" x 2") passport photo of
yourself with **YOUR SIGNATURE ACROSS THE FRONT ALONG THE
BOTTOM OF THE PICTURE, ON THE PICTURE** (See page 3.) *No
nursing caps, please. **It is important to send an identification photo.
The application will be returned if the photo does not meet the
requirements.** No glamour shots, side photos, photos with other
persons or structures in them.
3. Return the completed **notarized APPLICATION FOR LICENSURE
BY ENDORSEMENT** form, with the **signed passport photograph**.

Submit a one hundred (100) dollar fee by **MONEY ORDER** or
CERTIFIED CHECK made payable to: **WEST VIRGINIA BOARD OF
RN's.**

4. Complete the top part of the WV Verification Form and mail it to the Board office in the **STATE WHERE YOU WERE ORIGINALLY LICENSED**. It is recommended that you call your original state of licensure prior to mailing this form to obtain information on any fees required for this service.

WV Verification Form is the form to use when your original state of licensure is NOT part of the Interstate Compact. **Send verification form to your original state of licensure immediately to assure it is processed before the Temporary Permit expires.**

OR

5. If you are from a state which observes **Mutual Recognition** go to <https://www.nursys.com/> their fee is \$30 by credit card.

6. To Apply For a Temporary Permit: Complete the Temporary Permit application on page five (5) of the application. Temporary Permit fee is an additional twenty-five dollars (\$25.00). The total fee for endorsement and a Temporary Permit is one hundred and twenty five dollars (\$125.00) by money order or cashiers check.

THE WEST VIRGINIA CODE PROHIBITS YOUR EMPLOYMENT IN REGISTERED PROFESSIONAL NURSING IN WEST VIRGINIA UNTIL YOU RECEIVE A CURRENT LICENSE OR A VALID CURRENT TEMPORARY PERMIT ISSUED BY THE WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES.

Once all necessary information is received by this office, the application is reviewed. If you meet West Virginia qualifications for licensure as a registered professional nurse, a license to practice as such will be issued.

FEEES DEPOSITED FOR LICENSURE BY ENDORSEMENT ARE NOT REFUNDABLE.

** For Advanced Practice Recognition, a separate application must be requested.

*** After six (6) months, applications not verified are **considered abandoned**; a new application must be submitted

(EI 5/2006) **All licenses expire October 31st of each year regardless of issue date**

mark your application "hold til October" at top right corner if you want your license after 10/01.

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 web address: 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.

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. 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: _____

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 _____

Sworn to and signed before me this _____ day of _____, 20____

Notary
Seal or
Stamp

Signature of Notary Public

Expiration Date of Commission _____