

License Exam Application

WEST VIRGINIA BOARD OF EXAMINERS FOR
REGISTERED PROFESSIONAL NURSES
101 DEE DRIVE, SUITE 102, CHARLESTON, WV 25311-1620
Phone: (304) 558-3596 Fax: (304) 558-3666
e-mail: rnboard@wv.gov web address: www.wvmbboard.com

1. NAME: _____
FIRST MIDDLE LAST

2. MAIDEN NAME: _____ 3. SOCIAL SECURITY NUMBER: _____

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

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

_____ CITY STATE ZIP

6. DATE OF BIRTH: _____ 7. PLACE OF BIRTH: _____
MM/DD/YYYY CITY STATE

8. U.S. CITIZEN (circle one) YES NO 9. GENDER (circle one) MALE FEMALE

10. MARITAL STATUS: (Circle One)
a. Single
b. Married
c. Divorced
d. Widow
e. Other (list) _____

11. 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) _____
g. Other racial/ethnic group _____

12. PHONE NUMBERS: _____
Work Home

Provide numbers where you may be reached during the day.

13. EMAIL ADDRESS: _____

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

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

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

16. DATE OF G.E.D. _____ 17. SCORE: _____
MM/DD/YYYY

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. Please refer to the instructions on page 5. If you have questions, please contact the Board office at (304) 558 - 3596 to speak with someone in the Discipline Department.

25. Have you ever committed an act of academic dishonesty resulting in disciplinary action by the school?
(Circle One) YES NO
26. 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
27. Have you ever or are you currently abusing prescription or over-the-counter medication?
(Circle One) YES NO
28. Have you ever or are you currently using illegal drugs?
(Circle One) YES NO
29. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?
(Circle One) YES NO
30. 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
31. 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 monetary fines, continuing education, etc. by any facility, board or group?
(Circle One) YES NO

All applicants must submit fingerprints for a state and federal criminal background check. Instructions are provided with this application.

32. 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. Place your signature on the front bottom of the picture. The Dean or Director of the nursing education program you completed must also sign the front of the picture.

FADE PROOF COLOR
 PASSPORT PHOTO
 HEAD AND NECK ONLY

 NO NURSING CAPS OR HATS IN THE PICTURE.
 NO "GLAMOUR SHOTS"

****Photo must be signed **across the front of the picture** by the applicant and the director of the school of nursing completed. DO NOT mark across the face.

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 ONE EXAM OR SIX (6) MONTHS

CERTIFICATION 1:

This is to certify that _____

(FULL NAME OF STUDENT)

is personally known to me, and that he/she is of **good moral character**; I have known him/her for _____ years (**Length of time must be at least five (5) years**). I hereby recommend him/her to the West Virginia Board of Examiners for Registered Professional Nurses pursuant to law.

Signature: _____ Position: _____ Date: _____

CERTIFICATION II: Refer to West Virginia Code Chapter 30, Article 7, Section 6.

TO BE COMPLETED BY THE DEAN/DIRECTOR OF THE NURSING PROGRAM COMPLETED

I hereby certify that _____ is/was a student in _____ located in _____ (college, university or hospital school of nursing)

the city of _____, state of _____.

Date of admission _____ Expected Date of Graduation _____
Mo/Day/Yr Mo/Day/Yr

Length of Program _____

NCLEX - RN Program Code Number _____ - _____

WV Code 30-7-11. Denial, revocation or suspension of license; grounds for discipline.

The Board shall have the power to deny, revoke or suspend any license to practice registered professional nursing issued or applied for in accordance with the provisions of this article, or to otherwise discipline a licensee or applicant upon proof that he or she:

- (a) Is or was guilty of fraud or deceit in procuring or attempting to procure a license to practice registered professional nursing; or
- (b) Has been convicted of a felony; or
- (c) Is unfit or incompetent by reason of negligence, habits or other causes; or
- (d) Is habitually intemperate or is addicted to the use of habit-forming drugs; or
- (e) Is mentally incompetent; or
- (f) Is guilty of conduct derogatory to the morals or standing of the profession of registered nursing; or
- (g) Is practicing or attempting to practice registered professional nursing without a license or reregistration; or
- (h) Has wilfully or repeatedly violated any of the provisions of this article.

Are you aware of any conduct which would violate §30-7-11 relative to this applicant?
(Circle One) YES NO If yes, please attach documents related to the event(s)

Are you aware of any discipline for academic dishonesty relative to this applicant?
(Circle One) YES NO If yes, please attach documents related to the event(s)

Do you have reason to believe this applicant violated provisions of WV CSR 19-9-5. (Professional Misconduct) and have you reported this to the West Virginia Board of Examiners for Registered Professional Nurses? (Circle One) YES NO If yes, attach explanation

I hereby verify that this applicant successfully completed this program and recommend them to the West Virginia State Board of Examiners for Registered Professional Nurses pursuant to law. I was _____ was not _____ Director when applicant was a student.

Signature _____ Date _____

(School Seal)

THIS IS A BLANK PAGE

IF YOU ANSWERED A QUESTION WHICH REQUIRES AN EXPLANATION OF EVENTS, YOU MAY USE THIS PAGE TO PROVIDE THE NARRATIVE.

**WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES
(304) 558-3596 or 1-877-743-NURS(6877)**

INSTRUCTIONS FOR APPLICATION FOR LICENSURE BY EXAMINATION

GENERAL INSTRUCTIONS:

Read all instructions before completing application.
Attach fee to top/front of application with paper clip.
Print clearly in ink or type application. Provide signatures in ink where requested. Please do not use pencil.

APPLICATION PACKET CONTENTS:

The contents of your application packet should include:

- A. Board Licensure Application:
APPLICATION FOR LICENSURE BY EXAMINATION (Form EXAM APP 09/18/13)
- B. Test Service Application: COMPLETE THIS APPLICATION ON LINE. GO TO WWW.WVRNBOARD.COM. SELECT "FORMS" THEN "EXAMINATION APPLICATION" AND FOLLOW THE DIRECTIONS TO ACCESS THE NCLEX-RN CANDIDATE BULLETIN AND APPLICATION. YOU MUST COMPLETE A PEARSON VUE APPLICATION BEFORE YOU WILL RECEIVE YOUR AUTHORIZATION TO TEST.
- C. CRIMINAL BACKGROUND CHECK INFORMATION

APPROVAL/REVIEW OF APPLICATION:

The application will not be reviewed to determine eligibility until all required documents are submitted including the fully completed application, fee, appropriate picture, supporting documents for questions 19-31 if required, and final transcript which indicates the degree conferred and the date of graduation.

DEADLINE:

The application deadline for submitting the Application for Licensure by Examination (Form EXAM APP-09-18-2013) is April 1st for first-time applicants who graduate during the month of May (peak time) in West Virginia. Official, final transcripts are to be submitted by your school as soon as possible after your graduation so the transcript indicates the date of graduation and the degree conferred.

All applicants should allow 30 days for application processing after all required documents are received in the Board Office. Once approved, in approximately 10 business days, the test center will provide more information about scheduling the exam. Examination Application and fee paid to the Board is valid for six months.

APPLICATION FEES:

- A. Board Licensure Fee. The application fee for Licensure by Examination is **\$70.00**. The fee must be in the form of a MONEY ORDER or CASHIER'S CHECK. Personal checks are not acceptable. An application received with incorrect amount of fee or with personal checks will be returned to the applicant. Please make money order or cashier's check payable to: West Virginia Board of Examiners for Registered Professional Nurses.

B. **NCLEX-RN Test Service Fee.**

Refer to the information in the NCLEX-RN CANDIDATE BULLETIN for information on the amount and form of payment to the test service. This is a separate application and fee and must be submitted before a test date can be selected.

MONEY NOT REFUNDABLE:

Your application fee of \$70.00 is not refundable. Should it be determined that you are not eligible to sit for the licensure examination, your application fee will not be refunded to you.

SUBMISSION OF APPLICATION TO BOARD OFFICE:

Applicants are solely responsible for submitting the application with the fee for licensure by examination to the Board office.

NCLEX-RN TEST SERVICE APPLICATION:

All applicants are to carefully read the information printed in the NCLEX-RN CANDIDATE BULLETIN for instructions on registering for and scheduling of examination. Please note that no applicant will be permitted to schedule and/or sit for the licensing examination until eligibility has been determined by the Board.

TEMPORARY PERMITS:

Temporary permits will be mailed to qualified applicants after their eligibility has been determined. Temporary permits are not available to repeat examination applicants, graduates of nursing programs located in foreign countries, or to veteran applicants. Temporary permits are only available for the time period immediately following graduation from an approved professional nursing program. Such temporary permit becomes invalid at the time a candidate is notified that he or she has failed the licensing examination. In no case is the temporary permit valid for more than a ninety day (90) period from the candidate's graduation date. **You may only practice under the direct supervision of a licensee, until the applicant has successfully passed the NCLEX-RN and a license is issued. Please refer to WV CSR §19-3-4 et. Seq. Which gives the guidelines under which you may practice with a temporary permit.**

INCOMPLETE APPLICATIONS:

If the Application for Licensure by Examination is incomplete, it will be returned to applicant for completion. Should an applicant fail to submit supplemental documentation as requested by the Board, or an official, final transcript is not on file, the application will not be reviewed to determine eligibility status. An application will be considered abandoned if all requested documentation and/or transcripts have not been received in the Board office within six months of the time the application form is received in the Board office.

LINE ITEM INSTRUCTIONS:

1. Provide your full current legal name beginning with your first name, then middle name, and your last name.
2. Provide your maiden name if applicable.
3. Provide your Social Security Number in this space.
4. If applicable, provide any/all other name(s) by which you have been legally recognized.
5. Provide your complete mailing address.
6. Provide your date of birth as documented on your birth certificate.
7. Provide the name of the city and state where you were born as documented on your birth certificate. The Board may request a notarized copy of your birth certificate if necessary.

8. Answer whether or not you are a U.S. citizen.
9. Indicate your gender.
10. Indicate your marital status.
11. Indicate your race or ethnic origin
12. Provide phone numbers where you may be reached during the day.
13. Provide email address if available.
14. Provide the name of the high school you attended.
15. Provide the date you graduated from high school.
16. If you did not graduate from high school, provide the General Education Development (G.E.D.) information. The date of the test.
17. The score on the G.E.D.
18. All portions of this question related to the Nursing Program you attended.
 - (a). Graduates of professional nursing education programs provide the name of the program on this line.
 - (b). Circle the degree type you obtained
 - (c). Provide the date of graduation or anticipated date of graduation from the nursing program as it will appear on your official, final transcript.
 - (d). Provide the program code number for your nursing education program. You may find this code number in the NCLEX-RN REGISTERED NURSE EDUCATION PROGRAM CODES, which was included in your application packet.
 - (e). This line item is only applicable to graduates of nursing programs located outside the United States and U.S. territories. Graduates of nursing education programs outside of U.S. and U. S. territories must provide the certification documentation from the Commission on Graduates of Foreign Nursing Schools (CGFNS) that signifies successful completion of the CGFNS certification examination. **An official letter of confirmation on passing must come directly from CGFNS before the application is complete.** If you have not yet successfully passed this examination, or have not yet taken this examination, you are advised not to complete this application at this time. You are further advised to contact the Commission on Graduates of Foreign Nursing Schools for information/application on the CGFNS Certification Examination. The address and additional contact information are below:

3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 U.S.A.
Telephone Number (215) - 212-8454
Web address: <http://www.cgfns.org>

An official transcript from our nursing school, written in the English language is requested by the Board along with the descriptions of each nursing course that includes clinical hours completed. The certification II section of the application form must be completed by the program dean/director. Written and verbal competency of the English language is an expectation in order to practice in West Virginia.

19. Indicate whether you have taken the NCLEX-RN before. Provide copies of the results of the exams. All applicants must answer this item. If you answered YES to this question, attach photocopies of all examination results taken in this state or any other state to the back of this application with a paper clip. In addition, if you have previously taken and failed the NCLEX-RN examination, attach a detailed description of all remedial course work undertaken such as review courses, additional formal nursing science course work, etc. to the back of this application. Your application will not be considered complete until all requested documents have been received in the Board office.

SPECIAL ALERT TO REPEAT APPLICANTS: West Virginia Code §30-7-6 states . . . "In the event an applicant shall have failed to pass examinations on two occasions, the applicant shall, in addition to the other requirements of this section, present to the Board such other evidence of his or her qualifications as the Board may prescribe." Individuals repeating the exam must wait forty-five days before retaking the exam. If a candidate must cancel the exam, the Board must receive notice in writing.

20. All applicants must answer Item #20. If you answered YES to this question, provide the requested information in the spaces provided. Example of additional licenses, certifications include: Licensed Practical Nurse, Emergency Medical Technician, etc. The phone number of the certifying/licensing body is requested. 20 a and 20 b relate to complaints or disciplinary action against the license/certification listed.
- 21-24. These questions are required by West Virginia law to be included on applications for licensure. You are not required to send in any information with the application when answering YES to these questions.
25. All applicants must answer Item #25 of the application by circling YES or NO. If you answered YES, please submit a letter of explanation along with copies of any documents you have regarding the incident(s).
26. All applicants must answer Item #26 of the application by circling YES or NO. If you answered YES to this questions submit a certified copy of all court documents pertaining to the felony or misdemeanor that you were convicted of or pled guilty to or pled Nolo Contendere or of which you were pardoned. Attach these documents to the back of your application with a paper clip. Your application will not be considered complete until all requested documents have been received in the Board office. The Board may request additional information from you regarding any convictions. The applicant is to provide a letter of explanation regarding the conviction. If you have questions, please contact the Board office.
- 27-30. All applicants must answer Items #27-30 of the application by circling YES or NO. If the answer to questions #27-30 is YES, attach a letter to the back of this application with a paper clip which details your progress in recovery. Further, you are requested to have a copy of your treatment record sent directly to this office from the treatment facility (on letterhead). Your application will not be considered complete, nor reviewed for determination of eligibility status until all requested documents have been received in the Board office. The Board may request additional information, if indicated.
31. All applicants must answer Item #31 of the application by circling YES or NO. If you answered YES, please provide a letter of explanation with this application and contact the agency which governs your license or certification and have certified copies of all records regarding your "YES" answer sent directly to the Board office from the agency.
32. Affix (with white glue or rubber cement) **IDENTIFICATION PHOTOGRAPH** (passport type, color and fade proof) in the space provided for the photo. Trim passport photo to regulation size of two inches by two inches before affixing it to the application. Identification photo must be a fade proof, color photo of applicant. Front (face) view of head and neck only is required. Do not wear nursing cap or other hat for photograph. Applications with non-regulation identification photos will be returned to applicants for correction, and will not be considered complete or reviewed for determination of eligibility status until the proper photograph has been affixed to application. "Glamour shots" or similar pictures are not acceptable.

Signatures are required on the front of the photograph and are not to be across the face. Test applicants who are graduates of nursing education programs in the United States are to have the Dean/Director of your nursing education program sign their name on the front of your identification photograph at the top of the photo.

YOUR SIGNATURE IS REQUIRED ON THE IDENTIFICATION PHOTOGRAPH, AND IS TO BE SIGNED AT THE TIME THAT YOU HAVE YOUR APPLICATION NOTARIZED. THIS IS TO BE DONE IN THE PRESENCE OF THE NOTARY PUBLIC.

AFFIDAVIT:

After you have read and understood the statement in the Affidavit, sign the application in the presence of the Notary Public. At this time, the Notary Public will complete the portion requesting information about Notary's Commission, etc. Your application will not be considered complete if this portion has not been signed or notarized.

CERTIFICATION I:

After you have completed pages one through three of the application, submit your application to a responsible adult who has known you for a minimum of five years and can attest to your good moral character (refer to West Virginia Code §30-7-6.) This may be a work supervisor, a minister or priest, a faculty member in your nursing education program, etc. It is preferred that you seek out a non-family member.

CERTIFICATION II:

Applicants who are graduates of professional nursing education programs located in the United States are to submit the application to the Dean/Director of their nursing education program for completion of Certification II. This is to be done after all other portions of the application have been completed. Do not request that your Dean/Director complete this portion of the application prior to completion of the first three pages and Certification I.

FEE NOT REFUNDABLE

REQUIREMENTS FOR EXAM APPLICANTS IN ORDER TO BE APPROVED TO SIT FOR THE NCLEX-RN EXAMINATION IN ADDITION TO THE APPLICATION AND FEE

- A. If applying to sit for the NCLEX-RN examination FOR THE FIRST TIME AND MORE THAN FIVE (5) YEARS since graduation from an accredited nursing program; the applicant must in addition to the application and fee:
1. Provide evidence to the Board of completion and results of assessment testing with recommendations of a plan to remedy deficiencies of current nursing knowledge by a qualified faculty member and;
 2. Provide evidence to the Board of satisfactory completion of the plan to remedy deficiencies of current nursing knowledge as recommended by a qualified faculty member.
- B. If applying to sit for the NCLEX-RN examination AFTER ONE FAILED ATTEMPT AND MORE THAN FIVE (5) YEARS since graduation from an accredited nursing program; the applicant must in addition to the application and fee:
1. Provide evidence to the Board of completion and results of assessment testing with recommendations of a plan to remedy deficiencies of current nursing knowledge by a qualified faculty member and;
 2. Provide evidence to the Board of satisfactory completion of the plan to remedy deficiencies of current nursing knowledge as recommended by a qualified faculty member.
- C. If applying to sit for the NCLEX-RN examination AFTER TWO AND THREE FAILED ATTEMPTS the applicant must in addition to the application and fee:
1. Provide evidence to the Board of satisfactory completion of Category A requirements and;
 2. Provide evidence to the Board of satisfactory completion of Category B requirements.
- D. If applying to sit for the NCLEX-RN examination AFTER FOUR FAILED ATTEMPTS the applicant must in addition to the application and fee:
1. Provide evidence to the Board of completion and results of assessment testing with recommendations of courses to remedy deficiencies of current nursing knowledge by a qualified faculty member and;
 2. Provide evidence to the Board of satisfactory completion of course(s) recommended to remedy deficiencies by submitting to the Board an official transcript of credit or audited credit for courses completed.
- (An example of a nursing assessment test is the Mosby Assess Test. There are others available.)
- E. If applying to sit for the NCLEX-RN examination AFTER TWO OR MORE FAILED ATTEMPTS AND MORE THAN TWO (2) YEARS AND LESS THAN FIVE (5) YEARS since graduation from an accredited nursing program; the applicant must in addition to the application and fee:
1. Provide an individualized plan of study that identifies the comprehensive review program which the applicant plans to attend and;
 2. Provide evidence to the Board of successful completion of a comprehensive nursing review program.
- F. Applicants wishing to sit for the NCLEX-RN examination AFTER TWO OR MORE FAILED ATTEMPTS AND AFTER FIVE (5) YEARS SINCE GRADUATION FROM AN ACCREDITED NURSING PROGRAM must seek approval from the Board.
1. Provide evidence to the Board of completion and results of assessment testing with recommendations of courses to remedy deficiencies of current nursing knowledge by a qualified faculty member and;
 2. Provide evidence to the Board of satisfactory completion of course(s) recommended to remedy deficiencies by submitting to the Board an official transcript of credit or audited credit for courses completed.

Include any additional information that may assist in the further consideration of your application. This may include but is not limited to plans of study, tutoring, and review/audited/new course work.

Enclosed for your use is an Application for Licensure by Examination. Documentation of having met the additional requirements as specified in this letter must be sent directly from the instructor to the Board office. An application that is incomplete or lacks required documentation cannot be processed, and will either be returned to the applicant and/or the additional information will be requested.

*Satisfactory completion is defined as a grade of C or above in and A to F grade scale or Pass/Credit for an audited course.

REQUIREMENTS TO REPEAT THE LICENSURE EXAMINATION AFTER TWO FAILED ATTEMPTS

Each applicant who has failed the NCLEX-RN examination two (2) times must select and complete one item from Category A and one item from Category B.

CATEGORY A

Activities that maintain current level of nursing knowledge:

- (1) Individualized plan of self-study that identifies duration of study, resources, textbooks, review books, audio tapes, video tapes, times for study, computer tutorial programs, etc.

Documentation: Letter from candidate certifying completion of plan of action as previously submitted to the Board.

- (2) Individualized plan of self-study that identifies specific nursing knowledge to be gained as a result of self study.

Documentation: (As in #1 above)

- (3) Formal review courses offered by institutions, schools of nursing, commercial organizations, etc. If a formal review course is used to meet a Category A requirement, the course must be taken since the last failed result and within 12 months whichever is the shorter time frame.

Documentation: Certificates of completion for formal review courses. Certificates must show name of institution offering review program, the name of the candidate, the name of the review course, and the dates and locations of review course.

CATEGORY B

Activities that remedy deficiencies in current level of nursing knowledge:

- (1) Completion of ten (10) or more contact hours of private tutoring by a registered professional nurse who is qualified with a masters degree in nursing, and current or past teaching experience in a registered professional nursing program.

Documentation: Letter (on school letterhead if currently teaching; former teaching position must be included in letter if not currently teaching) from a qualified faculty member certifying completion of ten (10) or more contact hours of private tutoring. This letter should provide dates, hours, and topics for tutoring sessions. The qualified faculty member is to indicate his/her qualifications with regard to academic credentials and teaching experience after their signature. Faculty members are not to send a vita to the office for approval as a tutor. The letter from the tutor must be sent directly to the Board office.

- (2) Completion for credit or audit credit of a formal course in nursing science as offered by a state approved registered professional nursing education program.

Documentation: Official transcript showing completion of course for audit credit or course credit with an overall grade of "C" or better.

- (3) Completion for credit or audit credit of the lecture (didactic) portion of a formal course in nursing science as offered by a state approved registered professional nursing education program.

Documentation: Official transcript showing completion of course for audit credit and/or letter from course instructor certifying that the candidate passed the examinations given in the course with an overall grade of "C" or better.

- (4) Completion for credit or audit credit a formal course in pharmacology as offered by an accredited institution of higher learning.

Documentation: (As in #2 above.)

Criminal Background Check Directions

Dear Applicant:

You are required to submit fingerprints for a state criminal background check and a federal criminal background check in order to complete the application for the exam.

In State Applicants

To schedule an appointment go to <http://www.L1enrollment.com>. Place your cursor over the State of West Virginia, double click and follow the online instructions. You will need to complete two (2) appointments. For one you will check the State Board Licensing RPN from the drop down box (RPN= Registered Professional Nurse) and for the federal background check you will check WV Hard Card from the drop down box. To complete this process you will complete 2 applications. On the last screen it will ask if you want to pay or Finish. Before you leave this page for each application, write down the confirmation numbers so you may take it with you to the place where you will have the fingerprints completed. When you go to the appointment to have your fingerprints made you will need to take with you the Cover Letter for Federal Criminal Background Checks included in the application packet. The online system will let you know the fee. You may pay for the background checks at the location where you have the fingerprints done. They will NOT ACCEPT cash or a personal check. They do accept a business check, money order and credit cards. Direct all questions regarding the process to L-1 Enrollment Services at 855-776-7746. Allow eight weeks for the results to be mailed to the Board.

Out of State Applicants

Contact your local authorities in your home state for instructions on submitting fingerprints for your state and federal criminal background check.

The criminal background check information can be submitted to the Board up to 12 months prior to graduation. It may take 16-18 weeks to receive your federal criminal background check.

If you have any questions, check the web site www.wvmbboard.com for up to date information. You may also call the Board office and inform them you have questions regarding the criminal background checks so you may be directed to the correct individuals, or e-mail questions or comments to rnboard@wv.gov.

Thank you.

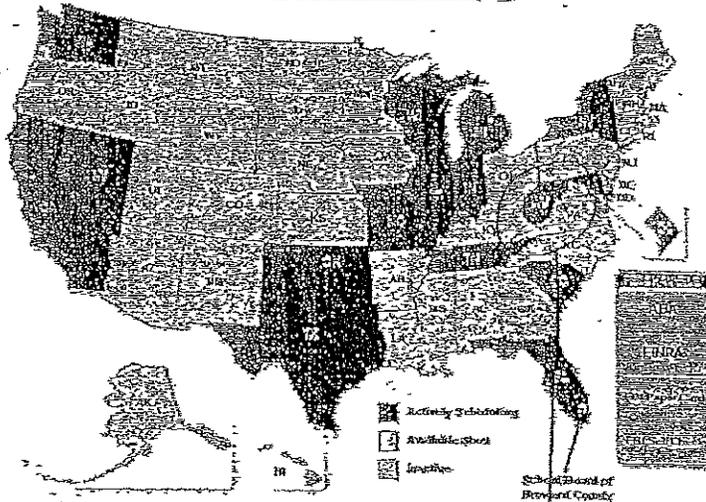
The West Virginia Board of Examiners for Registered Professional Nurses



BECOMING AN L-1 ENROLLMENT CENTER ABOUT L-1 ENROLLMENT SERVICES CONTACT US WWW.L1ENROLLMENTSTORE.COM FAQ

Please select the state for which you are being fingerprinted.
Please Note: This is NOT necessarily the state in which you reside.

Select A Location: WV



L-1 Enrollment Services, a division of L-1 Identity Solutions (NYSE: ID), is the industry's preeminent enrollment services company, specializing in the operation of electronic fingerprint (fita scan) networks and identity management services. L-1 currently services over 2 million applicants annually at over 1,000 enrollment centers in the U.S. and Canada. Our customers include teachers and other school employees, youth sports workers and volunteers, child care workers, adoptive and foster parents, elder care and nursing home employees, insurance agents, real estate brokers, mortgage brokers, healthcare workers, security guards, airline and airport employees, concealed firearm permits, casino employees and many others.

DOUBLE CLICK ON WV

Copyright © 2012 L-1 Identity Solutions

West Virginia



Please choose an option below:

+ Start the appointment process.	/ Change location, date and location of an existing appointment.	📄 Review eligibility of locations before starting the appointment process.	🔗 Access forms and links for information on the process.
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BEGIN HERE

L-1 Identify Solutions, a Safian Group Company, is the industry's premier credential services company, specializing in the operation of biometric collection networks and identity management services. L-1 currently services over 2 million applicants annually at over 1,100 enrolled centers in the U.S. Our customers include Federal, State, and Local government agencies, as well as companies in a variety of industries. L-1 is a certified FBI Channeling Agent.

If you have any questions, please call L-1 Enrollment Services at (855) 766-7746

West Virginia



Step 1:
Your program

Step 2:
Your details

Step 3:
Your appointment

Step 4:
Your confirmation

Step 5:
Your payment

For same-day service, please visit one of our enrollment centers. We are currently not accepting online registration for same-day appointments. Select the type of background check as it appears on your application form. If you are unable to determine the type of background check, please call 1-1 Enrollment Services at (855) 756-7746 for assistance.

Type of Background Check*

State Board Licensing RPN

Back Cancel

Continue

SELECT STATE BOARD OF LICENSING RPN
FOR THE STATE BACKGROUND CHECK
FOR WV REGISTERED NURSE APPLICATION

If you have any questions, please call 1-1 Enrollment Services at (855) 756-7746

West Virginia



Step 1
Your program

Step 2
Your details

Step 3
Your appointment

Step 4
Your confirmation

Step 5
Your payment

Services

Service Name		
WV Board of Examiners for Registered Professional	Edit	Delete

Add Service Cancel

Continue

CLICK CONTINUE

If you have any questions, please call 1-1 Enrollment Services at (855) 766-1746

Step 1:
Your payment

Step 2:
Your details

Step 3:
Your appointment

Step 4:
Your confirmation

Step 5:
Your payment

Your Payment

MV Board of Examiners for Registered Professionals	\$28.00
--	---------

Your Details

First Name*	Last Name*	Middle Name	Suffix		
Loos	Doc		SR		
Alias First	Alias Last	Alias Middle	Alias Suffix	Social Security	Date of Birth
			SR		

Address Line 1*	Address Line 2		
1111 Photo Road			
City*	Zip Code*	Country*	State*
Winchester	25391	United States	West Virginia

Home Phone*	Work Phone	Cell Phone
(304) 258-3595		
Email Address:		

Date of Birth*	Gender*	Height*	Weight*
MM/DD/YYYY	Female	5' 7" ft	125
Hair Color*	Eye Color*		
Brown	Black		
Race*	Ethnicity	Sex Assigned at Birth	
White	Non-Hispanic	Male	

Birth City*	Birth Country*	Birth State*	
Winchester	United States	West Virginia	
Social Security	Confirm Social Security		
Citizen Country*	Issuing State of ID	State or District (Foreign ID)	Driver's License Type
United States	West		Valid

Employer Name	Occupation		
Employer Address Line 1	Employer Address Line 2		
Employer City	Employer Zip	Employer County	Employer State
		Select	Select
US Office			
C N O Y			

Your Appointment

Appointment Details:
12/12 10:00 AM - 12:00 PM
Candidate:
1418 MacCulloch Avenue SW
Charleston, West Virginia, 25304

COMPLETE ALL REQUIRED INFORMATION
AND CONTINUE

Submit and Continue

West Virginia



Step 1: Your program

Step 2: Your details

Step 3: Your appointment

Step 4: Your confirmation

Step 5: Your payment

Select Your Payment Method

WV Board of Examiners for Registered Professionals	\$28.85
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Confirmation Number: **KDWHK01X**

← KEEP THIS NUMBER/PAGE AND TAKE IT TO YOUR APPOINTMENT

Appointment Details:
1/20/12 8:00 AM - 9:25:00 AM
Charleston
1418 MacCorkle Avenue SW

← APPOINTMENT DATE, TIME AND LOCATION

Charleston West Virginia 25303

Please print this page for your records.

← PRINT THIS PAGE

Click the "Pay Now" button (opens new window) to pay online by credit card or e-check. If you are unable to complete the payment or want to pay at your appointment, you have completed registration and may close your browser.

Pay Now

Finish

*UPON CLICKING FINISH YOU ARE RETURNED TO THE MAIN SCHEDULING SCREEN WHERE YOU WILL SCHEDULE THE FEDERAL BACKGROUND CHECK.

If you have any questions, please call L-1 Enrollment Services at (855) 766-7746

West Virginia



Step 1:
Your program

Step 2:
Your details

Step 3:
Your application cost

Step 4:
Your confirmation

Step 5:
Your payment

For same-day service, please visit one of our enrollment centers. We are currently not accepting online registration for same-day appointment. Select the type of background check as it appears on your application form. If you are unable to determine the type of background check, please call L-1 Enrollment Services at (855) 766-7746 for assistance.

Type of Background Check

WV Hard Card

Back Cancel

Continue

FEDERAL BACKGROUND CHECK FOR WV

COMPLETE THE APPLICATION PROCESS AS YOU DID FOR THE STATE BACKGROUND CHECK.

YOU MAY PAY AT THE LOCATION WITH MONEY ORDER, BUSINESS CHECK OR CREDIT CARD. CASH AND PERSONAL CHECKS ARE NOT ACCEPTED.

If you have any questions, please call L-1 Enrollment Services at (855) 766-7746

After you have done the WV Hard Card with L-1 Identity Solutions for the Federal background check you will need to send the WV Hard Card to:

FBI CJIS Division - Record Request
1000 Custer Hollow Road
Clarksburg, WV 26306

In order to have your Federal background checks completed include the following: Cover letter for Federal Criminal background check, Applicant Information Form, include a cashier's check, money order, or credit card payment for \$18.00 per request.

Federal background checks can take up to sixteen (16) weeks to process.

COVER LETTER
FOR
FEDERAL CRIMINAL BACKGROUND CHECK

Date: _____

Requestor Name: _____

Requestor Address: _____

Attention Record Request:

I, _____, am requesting a criminal history background check for personal review pursuant to 28CFR516.30-16.34. Please mail the results of the background check to the following address:

I have a reason/date that requires expeditious handling (optional):

(PLEASE PLACE DATE/REASON ON OUTSIDE OF MAILING ENVELOPE)

Date Required: _____ Reason: _____

If you have any further questions, please contact me at:

Telephone: _____ E-mail: _____

Sincerely,

REVISED 1/10/2012

APPLICANT INFORMATION FORM

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and disclosure of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your request, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name
 *First Name
 Middle Name 1
 Middle Name 2

*Date of Birth
 Last Four Digits of Social Security Number

Applicant Home Address

*Address
 *City *State
 *Postal (Zip) Code
 *Country

Phone Number
 E-Mail

U.S. Citizen or Legal Permanent Resident Yes No
 Country of Citizenship: Country of Residence:

Mail Results to Address

C/O ATTN
 Address
 City State
 Postal (Zip) Code Country
 Phone Number (if different from above)

Payment Enclosed (please check appropriate box)

CASHIER'S CHECK MONEY ORDER CREDIT CARD FORM

Number of Copies X \$18 per Copy = Total Payment of \$ Enclosed

Reason for Request

*APPLICANT SIGNATURE DATE

You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.

Credit Card Payment Form

* Denotes Required Fields

Applicant Name

* Name

(as it appears on credit card)

Company Name (if applicable)

* Billing Address

Billing Address 2

* City

* State/Province

* Postal (ZIP) Code

* Country

* Credit Card #:

<input type="text"/>																			
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* Expiration Date (MM/YYYY)

* Total Amount To Be Billed To Credit Card \$

(x \$18 US Dollars Per Request)

* Card Holder Signature

No Charge Backs or Refunds
All Sales Final

Did You Remember To.....?

Please review and check the boxes below to ensure that you have included everything needed to process your request.

- Include a completed application form.
- Sign your application. *Note: If the request is for a couple, family, etc., all must sign the application.*
- Include a completed fingerprint card. A completed fingerprint card includes the following:
 - 1. Name
 - 2. Date of Birth
 - 3. Descriptive Data
 - 4. All 10 rolled fingerprint impressions.
 - 5. The plain impressions, including thumbs of both hands.
 - 6. Current fingerprint card—no older than 18 months.

- Include a cashier's check*, money order, or credit card payment for \$18.00 per request.
Note: This amount must be exact.

- If paying by cashier's check or money order, make it payable to the Treasury of the United States.
- If using a credit card, please ensure our credit card form is filled out completely.
You must include the expiration date of the credit card that you are using.

NOTE: Cash or Personal/Business Checks are Not an Accepted Form of Payment.

- Include your contact information (for example, e-mail address, and telephone number) in case we need to contact you.

*A cashier's check is drawn by a bank on its own funds and signed by the bank's cashier.