

WEST VIRGINIA BOARD OF
EXAMINERS FOR REGISTERED
PROFESSIONAL NURSES

APPLICATION FOR VOLUNTEER LICENSE

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West Virginia Code Chapter 30 Article 7 Section 6a. Special volunteer registered professional nurse license; civil immunity for voluntary service rendered to indigents.

There is established a special volunteer license for registered professional nurses retired or retiring from the active practice of nursing who wish to donate their expertise for the care and treatment of indigent and needy patients in the clinic setting of clinics organized, in whole or in part, for the delivery of health care services without charge. The special volunteer registered professional nurse license shall be issued by the West Virginia Board of Examiners for registered professional nurses to registered professional nurses licensed or otherwise eligible for licensure under this article and the legislative rules promulgated hereunder without the payment of an application fee, license fee or renewal fee, shall be issued for the remainder of the licensing period, and renewed consistent with the board's other licensing requirements.

Do you meet the follow criteria? If you answer "NO" to question A,B or C you are NOT eligible for a Volunteer license and will want to complete the endorsement application which can be downloaded from www.wvrnboard.com

A. Will you be exclusively devoted to providing nursing care to needy and indigent persons in West Virginia?
YES NO

B. Do you acknowledge that you will NOT receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any nursing services rendered under the special volunteer registered professional nurse license.
YES NO

C. I plan to volunteer at _____.
I have attached the written agreement, as required by law, with the clinic and their proof of insurance. (The agreement must be attached with a statement that malpractice coverage is being supplied by the clinic in accordance with the law) Do you have a copy of this agreement? YES NO

PART I VOLUNTEER LICENSE

1. Name _____
First Middle Maiden Last

2. Address _____
Street or PO Box

City County State 9-digit zip code

TELEPHONE NUMBER: () _____ () _____
Home Work

3. Social Security Number _____

4. Race _____ U. S. Citizen (Circle One) Yes No
Marital Status: Single Married Divorced Widowed
Gender: Male Female

5. Date of Birth ____/____/____ Place of Birth _____
month day year City State

6. High School Graduate (Circle one) Yes No Date ____/____/____
month day year

Name of High School _____

Location _____
City State

If you did not graduate from high school, provide General

Education Development (G.E.D.) Scores _____ Date ____/____/____
Month day year

7. Basic RN Nursing Program

Name of Program _____

Address _____
City State 9-digit zip code

Date of Graduation ____/____/____
month day year

Type of Program: (Circle one) DIPLOMA ASSOCIATE BACCALAUREATE

8. State of Original Licensure _____

Date issued ____/____/____ Expiration Date ____/____/____
month day year month day year

9. List all other states where you are or have ever been licensed.

State	License Number	Date Issued	Date Expired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Have you ever been convicted of a felony or a misdemeanor or pled nolo contendere to any crime? (List speeding tickets only if you have received three (3) or more speeding tickets in the last two (2) years)

(Circle one) Yes No **If yes**, attach explanation and certified copies of court documents.

11. Has your license ever been denied, revoked, suspended, surrendered or otherwise disciplined in any state?

(Circle one) Yes No **If yes**, attach explanation and have certified copies of related documents mailed directly from the Board of Nursing taking the action.

12. Have you ever or are you currently abusing prescription or over-the-counter medication?

(Circle one) Yes No **If yes**, attach explanation and notarized copies of related documents.

13. Have you ever or are you currently using illegal drugs?

(Circle one) Yes No **If yes**, attach explanation and notarized copies of related documents.

14. 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 **If yes**, attach explanation and notarized copies of related documents.

15. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?

(Circle one) Yes No **If yes**, attach explanation and notarized copies of related documents.

16. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group?

(Circle one) Yes No **If yes**, attach explanation and notarized copies of related documents.

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17. Do you have a child support obligation?

(Circle one) Yes No

18. Do you have an arrearage that equals or exceeds the amount of child support payable for six months?

(Circle one) Yes No

19. Are you the subject of a child support subpoena or warrant?

(Circle one) Yes No

20. Provide information on current or most recent employment:

Name of Employer _____

Location _____
City County State Zip+4

21. Additional Education: (Degree Held)

B. S. Nursing Yes No

B. S. or B. A. (Non-Nursing) Yes No

Master in Nursing Yes No

Masters degree (Non-Nursing) Yes No

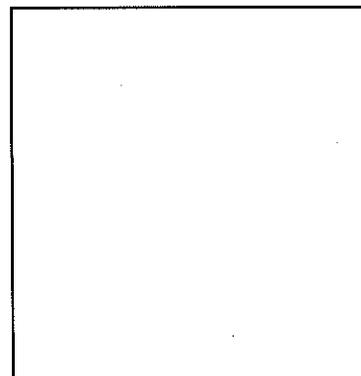
Doctoral degree (Nursing) Yes No _____
(degree)

Doctoral degree (Other field) Yes No _____
(degree) (field)

22. Do you have advanced practice certification?

(Circle one) Yes No

Attach a 2 inch by 2 inch fade proof **COLOR** passport picture (**face & neck only**)



Sign photo to across the front along bottom **on the picture.**

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that it is against the law to practice registered professional nursing in the state of West Virginia without a valid license to do so and that this information will be reviewed. I understand that failure to comply with requirements for licensure, and that knowingly supplying false information on or with this application is a violation of WV Code §30-7-1 et.seq. and subjects me to the full range of disciplinary action described therein. I understand that I am responsible for being knowledgeable of and comply with WV Code §30-7-1 et.seq. and related rules.

Signed _____
Applicant Signature and Initials

Date

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.

SUBSCRIBED AND SWORN BEFORE ME ON:

DATE: _____ NOTARY PUBLIC: _____
NOTARY SIGNATURE

MY COMMISSION EXPIRES: _____

(SEAL)

Applicant Signature