



Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration



APPLICATION INSTRUCTIONS AND FORM
FOR LICENSURE BY RE-EXAMINATION
IN THE DISTRICT OF COLUMBIA

Your interest in becoming licensed as a registered nurse or practical nurse in the District of Columbia is welcomed. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully.

This package contains the forms to apply for a nursing license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space to provide explanations for screening questions, attach printed or typed responses to the form.

THE APPLICATION PROCESS

Please print or type all information on the application except signatures.

Applications that are illegible and/or submitted without required signatures or with missing or incorrect fees will be returned in their entirety.

Upon receipt of the required application documents, the District of Columbia Board of Nursing will review your application. Upon final approval, you will be issued a license to practice in the District of Columbia.

If an application is incomplete or otherwise deficient, the processing center staff of the Health Regulation and Licensing Administration (HRLA) will notify you in writing of the deficiency/ies. If the Board has questions or concerns, you will also be notified.

PAYMENT OF LICENSURE FEES

Fees are payable by check or money made payable to DC Treasurer – **Do NOT Send CASH.** It is recommended that you pay by check, so that you have ready proof of payment. Please print your name on your check if it is not pre-printed.

WHERE TO FILE

Application Documents should be sent to the following address:

Board of Nursing
P. O. Box 37802
Washington, DC 20013

If you have any questions, call HRLA's Customer Service toll free line at 1-877-672-2174 between 8:30 a.m. and 4:30 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application.

APPLICANT NAME / DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name on this application is different from the name on your supporting documentation provide a copy of a legal name change document. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

SOCIAL SECURITY NUMBER

Social Security Number must be provided. If you don't currently have a social security number you must submit the attached "Affidavit in Support of Application for District of Columbia Licensure." International applicants: A Tax ID number will **NOT** be accepted in lieu of a social security number.

PLACE OF BIRTH

Provide the requested information.

RACE AND ETHNICITY DESIGNATION

Provide the requested information.

HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. If you supply a PO Box for either address, you must also supply a corresponding street address for each PO Box used.

To sit for NCLEX you must have AUTHORIZATION TO TEST (ATT)

In order to receive your ATT, you must pay PearsonVue \$200.00. You can register:

Online at www.pearsonvue.com/nclex

By calling 1-866-49NCLEX to register by phone

MISSED DATE SCHEDULED TO SIT FOR NCLEX

If you are unable to sit for examination on the date scheduled you will need to reapply to sit for examination with NCLEX only. You will not be required to submit another application to the Board of Nursing unless you have failed the examination or your application was submitted more than 1 year ago.

APPLICATION STATUS

To check the status of your licensure application online, go to <https://app.hpla.doh.dc.gov/mylicense/>. Enter your Social Security Number and Last Name to register. Establish your User Name and Password --- then once you have successfully logged-in click on "View Checklist." The status of your application is available the next day after the application has been entered online. As information is received or as action is taken, the information is recorded in the database and automatically posted to the Status Check. After you are licensed this information is no longer available at this site. You can then verify your licensure status at <http://app.hpla.doh.dc.gov/weblookup/>

SUPPORTING DOCUMENTS REQUIRED

Submit all required supporting documents along with your application. **Keep a photocopy of all supporting documents for your records.**

SCREENING QUESTIONS

If you have been convicted of a crime, been terminated due to your clinical practice or have had actions taken against your license please provide official documentation which details the outcome or current status of the case.

If you answer "yes" to questions A through G, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

ADDITIONAL INFORMATION

LICENSURE RENEWAL

RN licenses expire June 30 of even numbered years. Your initial license will be valid only for the balance of the current renewal cycle. Your licensure fee will not be prorated. **You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal application and payment of the renewal fee, your license will be renewed for a two-year period.**

RETURNED CHECK POLICY

A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208). Any further payments will need to be paid by money order or certified check.

CHANGE OF ADDRESS NOTIFICATION

You should know that you are required by regulation to report all changes of your business or residence address to the Board within 30 days, failure to do so is punishable by a \$100 fine for first offense and higher for subsequent offenses. HRLA will update the address change in your database record. Requests for address change should be made via fax to **202-724-5145** or letter sent to HRLA, First Floor Processing Center at 899 North Capitol Street, NE, Washington, DC 20002. Without an updated address, you may not receive valued information including your renewal notice.

SECTION 4. SUPPORTING DOCUMENTS REQUIRED

Your application along with all required supporting documents **must be mailed in the same package to the Board office.** Please mail in a 9X12 envelope and do not staple or fold application.

Please indicate the supporting documents you have included with this package. Keep a photocopy.

If not provided previously submit an official transcript from the applicant's school of nursing, must accompany the application in a sealed envelope. Or

Applicant will not be licensed until the official transcript is received indicating date the degree was conferred or date of graduation.

NCLEX-RN RE-EXAMINATION

- I have submitted an official transcript indicating the date the degree was conferred or date of graduation.
- I have re-registered with PearsonVue to retake NCLEX-RN and paid application fee of \$200.
- I completed my Registered Nursing program less than three (3) years ago.
If No, you are required to complete an additional education program leading to a degree as a registered nurse.

NCLEX-PN RE-EXAMINATION

- I have submitted an official transcript indicating the date the degree was conferred or date of graduation.
- I have re-registered with PearsonVue to retake NCLEX-PN and paid application fee of \$200.
- I completed my Practical Nursing program less than one (1) year ago.
If you answered "no" to this question attach proof of completion of a NCLEX review course

If you are requesting special accommodations to sit for NCLEX, provide the following information:

1. Identify the accommodations being requested
2. Submit a letter from the appropriate health professional which confirms the disability, and provides information describing the accommodations required
3. Submit a letter from your education program, indicating the modifications granted by the program

If you answered "Yes" to any of the questions in Section 5; if you have not done so already, provide a detailed explanation on a separate sheet of paper. Submit copies of relevant court reports, personnel actions, actions taken against your license or other relevant documents.

<p>SECTION 5. SCREENING QUESTIONS Applicants must answer all of the following questions</p> <p>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement</p> <p>Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).</p> <p>PLEASE NOTE: Pursuant to D.C. Official Code §47-2862(a) (FY 2007 Budget Support Act of 2006) you cannot be issued a license if you have failed to file your District tax returns.</p> <p>IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.</p> <p>As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:</p> <ol style="list-style-type: none"> 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); 4. Past due taxes; 5. Past due District of Columbia Water and Sewer Authority service fees; or 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? <p>Information presented above is in compliance with the requirement to submit with your application for licensure under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i>, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>		<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
A.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B.	Do you have a mental condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C.	Have you ever been convicted or arrested for a crime or misdemeanor (other than a minor traffic violation)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
D.	Have you been terminated from or resigned from a clinical or professional training program due to a practice issue?	YES <input type="checkbox"/> NO <input type="checkbox"/>
E.	<p>Please answer with respect to DC or any other jurisdiction/state:</p> <p>(1) Have you withdrawn an application to practice your profession or voluntarily surrendered a license after formal charges have been filed against you or while under investigation?</p> <p>(2) Has any authority or peer review board taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this Board?</p> <p>(3) Have you been (or are you currently being) investigated by any authority or peer review board for any violation of state, federal, or local law?</p> <p>(4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?</p> <p>(5) Have you voluntarily surrendered your license?</p> <p>(6) Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any hospital or health care facility?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
F.	Have you been party to a malpractice action or had a malpractice action brought against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

<p>SECTION 6. LICENSEE AFFIDAVIT</p> <p><i>I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.</i></p> <p>_____</p> <p>LICENSEE SIGNATURE PRINT NAME DATE</p> <p>*PLEASE NOTE: PRINT AND MAIL ORIGINAL APPLICATION TO THE BOARD OF NURSING AND RETAIN A COPY FOR YOUR FILES.</p>		
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To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.