

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION



**APPLICATION INSTRUCTIONS AND FORMS
ADVANCED PRACTICE REGISTERED NURSING
IN THE DISTRICT OF COLUMBIA**

Your interest in becoming certified, as an advanced practice registered 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. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for an advanced practice registered nurse license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Nursing will review your application. Upon final approval, you will be certified to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, Health Regulation and Licensing Administration's processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified in writing.

WHERE TO FILE

Documents should be sent to the following address:

Department of Health
Health Regulation and Licensing Administration
DC Board of Nursing
899 North Capitol Street, NE; First floor
Washington, DC 20002

If you have any questions, call HRLA's Customer Service toll free line at 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. Illegible applications and applications submitted without required signatures, documents or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

COMPLETING THE APPLICATION

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.

REQUEST LICENSE TYPE / FEES

- a. Advanced Practice Registered Nurse certification requires a current DC registered nurse license. If you do not have a registered nurse license in the District, then you must apply for one at the same time you apply for certification as an Advanced Practice Registered Nurse.

Endorsement Hold a license in good standing in another state or territory of the United States with standards which are comparable to DC's requirements.

- b. Four Advanced Practice Registered Nurse (APRN) specialty certifications are available:

Nurse Anesthetist (CRNA)

Nurse Midwife (CNM)

Nurse Practitioner (NP)

Clinical Nurse Specialist (CNS)

- c. Mark the box next to the license type(s) and origin (method) for which you are applying.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. For your information, license fee is listed below:

PASSPORT PHOTO

Two passport-type photos of the applicant's face, measuring approximately 2" x 2" with the applicant's name and Social Security Number printed on the back. Home snapshots are not acceptable.

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

All Applicants must provide a Social Security Number (SSN). If you are a foreign graduate and do not have a SSN or are waiting for one to be issued, you must complete the SSN affidavit form and submit it with your application. Your license will not be renewed without a valid SSN. You can print a copy of the affidavit form at www.hpla.doh.dc.gov. *A Tax ID number will not be accepted in lieu of a social security number.*

HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address must also be provided.

VERIFICATION OF LICENSE

Verification of licensure status must be received from:

Original jurisdiction of licensure

Current jurisdiction of licensure. If you have an active license in your original jurisdiction/state of

licensure an additional verification is not required.

Applicants must have successfully graduated from an approved school of nursing in the United States or its territories and passed NCLEX

VERIFICATION OF PROFESSIONAL LICENSES IN OTHER JURISDICTIONS

Verification Options for RN License

NURSYS: If your licensure status can be verified through NURSYS (please complete verification on-line at www.nursys.com. Attach a copy of your NURSYS receipt to this application.

Verification by mail: Submit your verification along with your application in a sealed envelope.

Please note: A copy of your license may not be used to verify your licensure status

VERIFICATION OF APRN CERTIFICATION

Ask certifying body to email verification of your current APRN certification to Nicole.Scott@dc.gov or Melondy.Franklin@dc.gov , **OR**

Submit your verification of certification in a sealed envelope along with your application

(See attached list of approved Certification Programs)

CRIMINAL BACKGROUND CHECK

IN THE DC AREA:

L1 ENROLLMENT: Visit <http://www.L1ENROLLMENT.COM/state/?st=DC> to schedule an appointment

METROPOLITAN POLICE DEPARTMENT (DC-MPD): Call 202-442-9004 to schedule an appointment

OUTSIDE OF THE DC AREA:

Call L1 Enrollment at 1-877-783-4187 to pay for the processing of your fingerprints and to obtain a mailing address for submission of your fingerprint card

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.

LICENSEE AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

SUPPORTING DOCUMENTS REQUIRED

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

	License Type	Specialty Code	APRN Authority Fee	RN License Fee	Total Due	Each Additional APRN Authority
1.	RN Licensed in DC- adding APRN existing license	CRNA CNM NP CNS	\$230	----	\$230	\$145
2.	APRN Endorsement RN license and one APRN Authority	CRNA CNM NP CNS	\$230	\$145	\$375	\$145

ADDITIONAL INFORMATION

LICENSURE RENEWAL

APRN licenses expire June 30 of even numbered years. **Your initial license will be valid for the balance of the current renewal cycle.** The renewal 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.

CONTINUING EDUCATION REQUIREMENTS

CE REQUIREMENTS FOR RENEWAL:

APRNs: 24 Contact Hours; 15 of the 24 Contact Hours must include a pharmacology component (The continuing education must be relevant to your current field of practice).

- (1) Contact Hour Option: Provide an **original** verification form signed or stamped by the program sponsor.
- (2) Academic Option: Provide proof of having completed an undergraduate or graduate course, in nursing or relevant to the practice of nursing.
- (3) Teaching Option: Provide evidence of having developed or taught a course or educational offering approved by the board or a board approved accrediting body. Applicants may receive four (4) CEs for each approved contact hour. (This is not an option for nurses required to develop and teaching continuing education courses or educational offering as a condition of employment)
- (4) Author or Editor Option: Provide evidence of authorship or editor of a book, chapter or published peer reviewed periodical, if the periodical has been published or accepted for publication during the period for which credit is claimed.

PLEASE NOTE: The continuing education must be relevant to your current field of practice.

APPLICATION STATUS CHECK:

You can check the status of your licensure application online. Go to <http://doh.dc.gov/service/health-professionals> and click on Application Status or <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 will be able to view your licensure status and obtain your license number at <http://app.hpla.doh.dc.gov/weblookup/> or <http://doh.dc.gov/service/health-professionals> and click on Online Professional Licensure Search.

CHANGE OF ADDRESS NOTIFICATION:

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 202-724-8471 or letter sent to HRLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

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.

**DISTRICT OF COLUMBIA BOARD OF NURSING
APPROVED
ADVANCED PRACTICE REGISTERED NURSE
CERTIFICATION PROGRAMS**

1. American Academy of Nurse Practitioners
 - a. Adult NP
 - b. Family NP

2. American Association of Critical Care Nurses
 - a. Adult Acute Care Nurse Practitioner
 - b. Adult Critical Care CNS
 - c. Pediatric Critical Care CNS
 - d. Neonatal Critical Care CNS

3. American Nurses Credentialing Center
 - a. Acute Care NP
 - b. Adult NP
 - c. Family NP
 - d. Gerontological NP
 - e. Pediatric NP
 - f. Adult Psychiatric and Mental Health NP
 - g. Family Psychiatric and Mental Health Nursing NP
 - h. Adult Psych/Mental Health Going Across Lifespan CNS
 - i. Child/Adolescent Psych and Mental Health CNS

4. Pediatric Nursing Certification Board
 - a. Pediatric NP
 - b. Acute Care Pediatric NP

5. American Midwifery Certification Board (American College of Midwives)
Certified Nurse Midwife

6. American Association of Nurse Anesthetist
Certified Registered Nurse Anesthetist