

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



**APPLICATION INSTRUCTIONS AND FORM
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:

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

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 online 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

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 www.doh.dc.gov and click on Application Status or <https://app.hpla.doh.dc.gov/mylicense/> enter your [Social Security Number](#) and [Last Name](#) --- [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 www.doh.dc.gov 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



BOARD OF NURSING ADVANCED PRACTICE REGISTERED NURSE

All applicants must complete every section of this application and submit the original application and all required supporting documents. If more space is needed 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. If you have any questions, call HRLA Customer Service at 1-877-672-2174 Monday through Friday, 8:30 AM to 4:30 PM EST.

Please Note: Please refer to application instructions before completing this form.

SECTION 1A. LICENSURE TYPE & FEES

- APRN Licensure by Endorsement** \$375.00
 Select one (1) APRN Authority
- Nurse Anesthetist
 - Nurse Practitioner
 - Nurse Midwife
 - Clinical Nurse Specialist

LICENSURE EXPIRATION: All RN/APRN licenses expire **June 30th** even numbered year

Check or money order payable to:
DC Treasurer

ADDING APRN AUTHORITY TO CURRENT DC RN LICENSE

- RN Currently Licensed in DC License # _____** \$230.00
 Select one (1) added APRN Authority
- Nurse Anesthetist
 - Nurse Practitioner
 - Nurse Midwife
 - Clinical Nurse Specialist

MAILING ADDRESS:
Board of Nursing
P.O. Box 37802
Washington, D.C. 20013

ADDING ADDITIONAL APRN AUTHORITY TO APRN LICENSE

- Select additional APRN Authority (ies)** \$119.00
- Nurse Anesthetist
 - Nurse Practitioner
 - Nurse Midwife
 - Clinical Nurse Specialist

CRIMINAL BACKGROUND CHECK: For payment and to schedule an appointment (Call 1-877-783-4787 or www.L1enrollment.com)

All applicants are required to undergo a Criminal Background Check

LEGAL NAME: Enter your legal 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 for individuals are marriage certificates, divorce decrees, court orders and spouse's death certificate. *(Do not use any initials unless they are a part of your name)*

FIRST NAME

MI

LAST NAME

(SUFFIX: Jr., Sr. etc.)

Name of Nursing School Attended: _____ Country: _____ Graduation Date: _____

DEGREE(S): AA DIPLOMA BSN MSN OTHER DEGREE _____

____/____/____
Date of Birth

____ - ____ - ____ *
Social Security Number

GENDER: MALE FEMALE

***All Applicants must provide a Social Security Number. 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 download the affidavit form by clicking [here](#) or printing a copy at www.HRLA.doh.dc.gov**

SECTION 2B. OTHER NAMES USED: (Please print clearly)

SECTION 3C. NURSING SCHOOLS ATTENDED

List all nursing schools that you have attended beginning with the most recent at the top.

School Name, City, State, Country	Date of Graduation mm/yyyy	Degree/Certificate

SECTION 3D. CERTIFICATION

Provide the following information for each current APRN authority you are requesting:

Credentialing Body: _____

Certification Title: _____ Specialty Area: _____

Certification Number: _____ Expiration Date: _____

Credentialing Body: _____

Certification Title: _____ Specialty Area: _____

Certification Number: _____ Expiration Date: _____

SECTION 3E. PROFESSIONAL LICENSURE IN OTHER JURISDICTIONS

MANDATORY FIELD	JURISDICTION	ACTIVE/ NOT ACTIVE	LICENSE NUMBER
Original licensure			
Current license (if license in original jurisdiction is not active)			

IMPORTANT CONTACT INFORMATION

District of Columbia Health Regulation Licensing Administration
 Location: 899 North Capitol Street, N.E., 2nd Floor - Washington, D.C. 20002
 Mail: Board of Nursing – P.O. Box 37802 – Washington, D.C. 20013

Check Application Status: www.HRLA.doh.dc.gov
 HRLA Customer Service: 1-877-672-2174/www.HRLA.doh.dc.gov
 Criminal Background Check (CBC) Unit Email: doh.cbcu@dc.gov
 Board Email: HRLAcomments@dc.gov

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.

- Criminal Background Check (CBC)** -To access form and instructions go to www.HRLA.doh.dc.gov
For questions contact the CBC unit at 202-442-9004.
- Passport-Type Photos** - Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.
- Copy of legal document** supporting name change (if applicable). Acceptable documents are marriage certificates, divorce decree, court orders or spouse's death certificate.
- SSN Affidavit Form** (if no SSN issued) – www.HRLA.doh.dc.gov
- Verification of licensure status** must be received from original Jurisdiction and current Jurisdiction if your license in your original jurisdiction of licensure is not active.
Verification Options
NURSYS: Complete verification on-line at www.nursys.com. Remember to select DC as the jurisdiction that will be receiving the verification. Attach a copy of your NURSYS receipt to this application.
Verification by mail: Submit your verification along with your application in a sealed envelope, as sent to you by the verifying Board of Nursing.

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

- Verification of APRN certification** (See attached list of approved Certification Programs)
Ask certifying body to email verification of your current APRN certification to Nicole.Scott@dc.gov
Melondy.Franklin@dc.gov, **OR**
Submit your verification of certification in a sealed envelope along with your application.
- International applicant educated outside of the US or its territories** must document evidence of spoken and written competency in English by providing one of the following:
 - Graduation from a nursing program where English was the only language of instruction throughout the applicant's inclusive dates of attendance;
 - Proof of a total of twelve (12) months of full-time employment in the United States during the two (2) years immediately preceding the date of this application; or
 - Successful completion of TOEFL iBT or IELTS
- Provide a detailed explanation** if you answer "Yes" to any of the questions in Section 5. Submit copies of court reports, personnel action (e.g. termination due to unsafe practice), and actions taken against your license or other relevant documents.

SECTION 5. SCREENING QUESTIONS Applicants must answer all of the following questions

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

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).

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.

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.

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:

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)?

Information presented above is in compliance with the requirement to submit with your application for licensure under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

YES NO

A.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES NO <input type="checkbox"/> <input type="checkbox"/>
B.	Do you have a mental condition that currently impairs your ability to practice your profession?	YES NO <input type="checkbox"/> <input type="checkbox"/>
C.	Have you ever been convicted or arrested for a crime or misdemeanor (other than a minor traffic violation)?	YES NO <input type="checkbox"/> <input type="checkbox"/>
D.	Have you been terminated from or resigned from a clinical or professional training program due to a practice issue?	YES NO <input type="checkbox"/> <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>	YES NO <input type="checkbox"/> <input type="checkbox"/>
F.	Have you been party to a malpractice action or had a malpractice action brought against you?	YES NO <input type="checkbox"/> <input type="checkbox"/>

SECTION 6. LICENSEE AFFIDAVIT

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.

LICENSEE SIGNATURE

PRINT NAME

DATE

***PLEASE NOTE: PRINT AND MAIL ORIGINAL APPLICATION TO THE BOARD OF NURSING AND RETAIN A COPY FOR YOUR FILES.**

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.