

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



APPLICATION INSTRUCTIONS AND FORMS  
**FOR LICENSURE BY EXAMINATION**  
AND REGISTERED NURSING \* LICENSED PRACTICAL NURSING  
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**

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

**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 1-877-672-2174 between 8:15 a.m. and 4:45 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 or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

## **FEES**

Please enclose check or money order made payable to DC Treasurer.

## **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"

## **LETTER OF RECOMMENDATION FROM NURSE ADMINISTRATOR (if \*transcript is not provided)**

Applicants may submit a letter of recommendation from the Nurse Administrator of their nursing program, school or college. The letter may be sent directly from the school, but is preferred that it accompany the application in a sealed envelope.

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

## **OFFICIAL TRANSCRIPT**

An Official Transcript must be *received indicating date the degree was conferred or date of graduation*. Official transcript (with seal) from the applicant's school of nursing, may be sent directly from the school, but is preferred that it accompany the application in a sealed envelope.

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

## **CGFNS CERTIFICATION – INTERNATIONAL APPLICANTS**

Graduates of nursing schools which are not located in the United States or Canada must submit an official CGFNS certificate. No copies accepted. Contact CGFNS at [www.cgfns.org](http://www.cgfns.org) to apply for CES certification.

## **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](http://www.pearsonvue.com/nclex)

By mailing your certified check, cashier's check or money order payable to NCSBN to: NCLEX Operations, PO Box 64950, St. Paul,

MN 55164-0950

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**

You will be notified in writing of any deficient or missing items or you can 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/>

## COMPLETING THE LICENSURE BY EXAMINATION 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.**

### **MANNER OF PAYMENT OF LICENSURE FEES**

**Fees are payable by check or money order – Do NOT send cash –** and should be made payable to DC Treasurer and submitted with your application packet. You may pay the 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. Please print your name on your check, if it is not pre-printed.

### **PASSPORT PHOTO**

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.

### **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**

International applicants: 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. If you supply a PO Box for either address, you must also supply a corresponding street address for each PO Box used.

### **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.**

## ADDITIONAL INFORMATION

### **CHECKING STATUS OF APPLICATION**

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.

### **LICENSURE RENEWAL**

DC LPN licenses expire on June 30 of odd numbered years. 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 202-724-8471 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.

### **CE REQUIREMENTS FOR RENEWAL [Not required for first time renewals]**

RNs: 24 Contact Hours

LPNs: 18 Contact Hours

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| <p>(1) <u>Contact Hour Option:</u></p> <p>(2) <u>Academic Option:</u></p> <p>(3) <u>Teaching Option:</u></p> <p>(4) <u>Author or Editor Option:</u></p> | <p>Provide an original verification form signed or stamped by the program sponsor.</p> <p>Provide proof of having completed an undergraduate or graduate course, in nursing or relevant to the practice of nursing.</p> <p>Provide evidence of having developed or taught a continuing education course or educational offering approved by the board or a board approved accrediting body. Applicants may receive four (4) contact hours for each approved course contact hour. (This is not an option for nurses required to develop and teach in-service education courses or educational offering as a condition of employment)</p> <p>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. (Meets continuing education requirement)</p> |
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PLEASE NOTE: All continuing education must be relevant to your current field of practice.

## SUMMARY OF APPLICATION REQUIREMENTS

The following chart shows the application submission requirements for **Endorsement Application**. The law governing nursing licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing nursing licensure are included in *DC Municipal Regulations Title 17, Chapters 40, 41, 54 and 55*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Health Regulation and Licensing Administration/Board of Nursing if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

Application Method	Signed Application	Two 2" x 2" Photos	Nursys/License Verification Original State	Nursys/License Verification - Current State*	Evidence of Jurisdiction/State CBC [ Required if CBC is not processed in DC]	Check or Money Order**	DC MPD CBC Check or Money Order***
Endorsement	X	X	X		X	\$230	\$50

\* An additional license verification from your most currently obtained state of licensure is only required if you are not actively licensed in your original state.

\*\* Check or money order **MUST** be made payable to DC Treasurer.

\*\*\* **Additional fee for CBC by DC Metropolitan Police Department (DC MPD). Check or Money Order **MUST** be made payable to DC Treasurer.**