



LPN RENEWAL APPLICATION

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special information specific to your license. If you have any questions, call HRLA’s Customer Service line Monday through Friday, 8:30AM to 4:30PM EST at 1-877-672-2174.

A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Please provide the information requested below. If updated, check box provided at right. If you are changing your name, you must provide legal documentation for the name change. Acceptable documentation for individuals includes a copy of a marriage certificate, divorce decree, or court order.

Keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify the Board of any address change within 30 days of the change.

PLEASE PRINT

Name change due to: Marriage Divorce Court Order

Full Name: _____ License Number: _____

Mailing Address: _____ *SSN: _____

City/State/Zip Code: _____ Birth date: _____

Phone: _____ Business Phone: _____

E-mail: _____ Business E-mail: _____

*Pursuant to D.C. Official Code Section 3-1205.5(b) (2001) (Health Occupations Revision Act), applicants are required to provide a Social Security Number (SSN) on applications for a professional license.

SECTION 2. CRIMINAL BACKGROUND CHECK (CBC)

IF YOU COMPLETED A CBC FOR THE PURPOSE OF LICENSURE THAT YIELDED FBI AND STATE RESULTS, YOU ARE NOT REQUIRED TO REPEAT THE CBC.

CONTINUING EDUCATION REQUIREMENT (CE not required for First Time renewal applicants.)

LPNs must complete eighteen (18) contact hours of continuing education in current area of practice. **NOT required for first-time renewal.**

Only contact hours obtained in the two (2) years immediately preceding the application date will be accepted. DO NOT send documentation verifying your compliance with the CE requirement unless asked to do so by the Board. The documents mailed to the Board will not be returned.

NURSING WORKFORCE SURVEY

Please complete and mail the attached 2015 “Nursing Workforce Survey” along with your renewal application.

SECTION 3. RENEWAL OPTIONS

Please check the appropriate box(es)

FEE

Make check or money order payable to DC TREASURER and Mail to:

- | | | |
|---|----------|--|
| A. <input type="checkbox"/> LPN Renewal | \$145.00 | HRLA 2
P.O. Box 37802
Washington, D.C. 20013 |
| B. <input type="checkbox"/> *LPN Inactive | \$145.00 | |
| C. <input type="checkbox"/> **Late fee (if received after due date) | \$ 85.00 | |
| D. <input type="checkbox"/> ***Reactivate (Inactive License) | \$ 34.00 | |

PLEASE NOTE

- ***Inactive status:** Prior to August 30th you may place your license on inactive status. While on inactive status you shall not be subject to the renewal fee and shall not practice as a nurse in the District.
- ****Late renewal:** Applications received after June 30th but prior to August 30th will be subject to an **\$85.00 late fee**.
- *****Reactivation of inactive status:** To reactivate an inactive license you must pay the reactivation fee and comply with licensure renewal requirements.
- **Reinstatement:** After August 30th your license will expire and you will be required to apply for reinstatement of your license.

SECTION 4. Questions – Applicants **MUST answer all of the following questions.**

Answer questions A through I by placing an “X” in the appropriate boxes. If you answer “Yes” to questions A through G below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this form.

A. 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 or Permit** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).
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 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)?

YES NO

The information presented above is in compliance with the requirement to submit with your application for licensure or permit 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.).

B. Since your last renewal, have you been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. Since your last renewal: (1) Have you withdrawn an application for licensure/certification/registration to practice your profession in any jurisdiction? (2) Has any authority or peer review board taken adverse action against your license or privileges? (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? (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Do you have a physical or mental condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E. Since your last renewal, have you been diagnosed or treated for substance abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F. Since your last renewal, have you been involved in a malpractice suit? If yes, provide date of incident, allegation, and disposition of case.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
G. Since your last renewal, have you ever been terminated or asked to resign from employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
H. Do you currently practice your profession in the District of Columbia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I. Will you have completed your Continuing Education as indicated in section 2, no later than June 30, 2015?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 5. 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

 LICENSEE NAME (Please print)

 DATE