

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION

**APPLICATION FOR LICENSURE BY ENDORSEMENT**



Health Regulation and Licensing Administration  
899 North Capitol Street, N.E.; 1st Floor  
Washington, DC 20002  
Email: [dc.bon@dc.gov](mailto:dc.bon@dc.gov)



**DISTRICT OF COLUMBIA BOARD OF NURSING  
REGISTERED NURSE and LICENSED PRACTICE NURSE ENDORSEMENT APPLICATION**

*Your interest in becoming licensed as a practical nurse or 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.*

Follow the instructions provided below and complete all sections. If you require more space to provide explanations for screening questions, attach typed responses to the form.

**THE APPLICATION PROCESS**

The District of Columbia Board of Nursing will review your application. You will be notified, if your application is incomplete or otherwise deficient. Upon final approval, you will be able to verify your licensure status at <http://app.hrla.doh.dc.gov/weblookup/> and you will be issued a license to practice in the District of Columbia. Send your questions to [dc.bon@dc.gov](mailto:dc.bon@dc.gov).

**COMPLETING THE LICENSURE BY ENDORSEMENT APPLICATION**

**LICENSE FEES (Non-Refundable)**

Checks or money orders should be made payable to DC Treasurer and submitted with your application. 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. Do **NOT** send cash.

**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 download the affidavit form by printing a copy at [www.hrla.doh.dc.gov](http://www.hrla.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, a street address must be provided.

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**EMAIL ADDRESS**

Provide a current email address. Most of the Board's correspondence including your receipt of DC Nurse and renewal notice will be via email.

**VERIFICATION OF LICENSE**

**Verification Options**

**NURSYS Verification:**

Complete verification on-line at [www.nursys.com](http://www.nursys.com). Remember to select DC as the jurisdiction to which you want your verification sent. Attach a copy of your NURSYS receipt to this application.

**NON-NURSYS Verification:**

If your current licensure Board does not verify licensure status via NURSYS (Alabama; California; Kansas; Louisiana-PN; Oklahoma; West Virginia-PN) contact them to request documentation verifying your licensure status to be emailed to [dc.bon@dc.gov](mailto:dc.bon@dc.gov).

**Following receipt of verification, if your application is missing additional supporting documents, the board may issue a temporary license for up to 90 days. Temporary status may be is verified at <http://app.hrla.doh.dc.gov/weblookup/>.**

**CRIMINAL BACKGROUND CHECK**

If you completed a State CBC and FBI CBC for licensure in another jurisdiction **within the last 4 years**, an **additional background check is not required**. If you **have not had** a State CBC and FBI CBC completed **within the last 4 years**, follow instructions below.

**Completing criminal background check**

**In the DC Area:**

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

**Outside of the DC Area:**

MORPHOTRUST: 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 any questions, 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.

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**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**

Go to [www.hrla.doh.dc.gov](http://www.hrla.doh.dc.gov) and click on Application Status or <https://app.hrla.doh.dc.gov/mylicense/>. Enter your [Social Security Number](#) and [Last Name to register](#). Establish your [User Name](#) and [Password](#). 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.

When you have been approved for licensure, 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.hrla.doh.dc.gov/weblookup/> or [www.hrla.doh.dc.gov](http://www.hrla.doh.dc.gov) and click on Online Professional Licensure Search.

**NO APPLICATION FEE REFUND**

The fee for this application is non-refundable.

**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. HRLA will update the address change in your database record. Requests for address change should be emailed to [dc.bon@dc.gov](mailto:dc.bon@dc.gov). Without an updated mailing and/or email address, you may not receive your renewal notice.

**LICENSURE RENEWAL**

***RN licenses expire June 30th of even numbered years and LPN licenses expire June 30th of odd 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**

|        |   |
|--------|---|
| RNs:   | 24 Continuing Education Hours   |
| APRNs: | 24 Continuing Education Hours (Must include a minimum of 15 contact hours in a continuing education program that includes a pharmacology component) |
| LPNs:  | 18 Continuing Education Hours   |





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**BUSINESS OR MAILING ADDRESS:** (This address will be made available to the public)

Street Number and Street Name:

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State/Province/Territory/Jurisdiction: ZIP:

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Email Address:

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**PROFESSIONAL SCHOOLS/COLLEGE/UNIVERSITY**

| School Name, City, State, Country | Date of Graduation (mm/yyyy) | Degree/Certificate |
|-----------------------------------|------------------------------|--------------------|
|                                   |                              |                    |
|                                   |                              |                    |
|                                   |                              |                    |

**PROFESSIONAL LICENSURE IN OTHER JURISDICTIONS**

|   |  |
|---|--|
| Original State of Licensure                                     |  |
| Current State of Licensure<br>(if original license is inactive) |  |

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**VERIFICATION OF LICENSURE:**

- To submit verification of your licensure status access **NURSYS.com**.
- Non-NURSYS Participating Boards** (Alabama; California; Kansas; Louisiana-PN; Oklahoma; West Virginia-PN): Request verification be emailed to **dc.bon@dc.gov**

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**APPLICATION FOR LICENSURE BY ENDORSEMENT  
STATE and FBI CRIMINAL BACKGROUND CHECK (CBC) COMPLIANCE**

**ALL APPLICANTS ARE REQUIRED TO HAVE COMPLETED A STATE CBC AND FBI CBC WITHIN 4 YEARS OF SUBMITTING THIS APPLICATION.**

- **If your licensing board appears on the list below**, and you **have had** a State CBC and FBI CBC **within the last 4 years**, please fill in the date(s) that you completed the State CBC and FBI CBC.
- **If your licensing board does not appear on the list below**, or you **have not had** a State CBC and FBI CBC completed **within the last 4 years**, access MorphoTrust at [www.L1enrollment.com](http://www.L1enrollment.com) or call 1-877-783-4787 to pay for and schedule an appointment to have your CBC completed.

| <b>Board</b> | <b>Date State CBC Completed</b> | <b>Date FBI CBC Completed</b> |
|--------------|---------------------------------|-------------------------------|
| AL           |                                 |                               |
| AR           |                                 |                               |
| AZ           |                                 |                               |
| CA-VN        |                                 |                               |
| DE           |                                 |                               |
| FL           |                                 |                               |
| GA           |                                 |                               |
| IA           |                                 |                               |
| ID           |                                 |                               |
| IL           |                                 |                               |
| IN           |                                 |                               |
| KS           |                                 |                               |
| KY           |                                 |                               |
| LA-RN        |                                 |                               |
| MD           |                                 |                               |
| MI           |                                 |                               |
| MN           |                                 |                               |
| MO           |                                 |                               |
| MS           |                                 |                               |
| MT           |                                 |                               |
| NC           |                                 |                               |
| ND           |                                 |                               |
| NE           |                                 |                               |
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| NM           |                                 |                               |
| NV           |                                 |                               |
| OH           |                                 |                               |
| OK           |                                 |                               |
| OR           |                                 |                               |
| RI           |                                 |                               |
| SC           |                                 |                               |
| SD           |                                 |                               |
| TN           |                                 |                               |
| TX           |                                 |                               |
| UT           |                                 |                               |
| VA           |                                 |                               |
| WA           |                                 |                               |
| WV-PN        |                                 |                               |
| WY           |                                 |                               |

**APPLICATION FOR LICENSURE BY ENDORSEMENT**

**SCREENING 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 the Department of Health to 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.

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

**\*IF YOU ANSWERED “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.**

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.)

**Applicants Must Answer All of the Following Questions.** If you answer “Yes” to any of the following questions 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.

- A. Have you suffered from any disability or used any drug(s) to such an extent that it has impaired your ability to practice your profession?                      \_\_\_ YES                      \_\_\_ NO
- B. Have you ever been convicted or arrested for a crime or misdemeanor (other than a minor traffic violation)?                      \_\_\_ YES                      \_\_\_ NO
- C. Please answer with respect to DC or any other jurisdiction/state:                      \_\_\_ YES                      \_\_\_ NO
- (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?
- (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?
- (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?
- (5) Have you voluntarily surrendered your license?
- (6) Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any hospital or health care facility?
- D. Have you been party to a malpractice action or had a malpractice action brought against you?                      \_\_\_ YES                      \_\_\_ NO
- E. Have you been terminated from or resigned from a clinical or professional training program due to unsafe practice?                      \_\_\_ YES                      \_\_\_ NO

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**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.

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LICENSEE SIGNATURE

DATE

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PRINT NAME

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

- Your application along with all required supporting documents must be mailed in the same package to:

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

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**REPORT FRAUD, WASTE AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General’s hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General’s website at [oig.dc.gov](http://oig.dc.gov).

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**IMPORTANT CONTACT INFORMATION**

**District of Columbia Health Regulation and Licensing Administration**

**Mailing Address:** D.C. Board of Nursing  
P.O. Box 37802  
Washington, D.C. 20013

**DC Board of Nursing Location:** District of Columbia Department of Health  
899 North Capitol Street, NE  
Washington, DC 20002

**Check Application Status:** <https://app.hrla.doh.dc.gov/Weblookup/>

**Website:** [hrla.doh.dc.gov](http://hrla.doh.dc.gov)

**Board of Nursing Email:** [dc.bon@dc.gov](mailto:dc.bon@dc.gov)

**Criminal Background Check Unit Email:** [doh.cbcu@dc.gov](mailto:doh.cbcu@dc.gov)