

ADVANCED PRACTICE REGISTERED NURSE LICENSURE APPLICATION



DISTRICT OF COLUMBIA BOARD OF NURSING

Your interest in becoming licensed 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 application.

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.

COMPLETING THE LICENSURE APPLICATION

LICENSE FEE (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.** Please print your name on your check, if it is not pre-printed.

PASSPORT PHOTOS

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, or court order.

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. *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.

EMAIL ADDRESS

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Provide a current email address. Most of the Board's correspondence, including your receipt of the Board's newsletter DC NURSE and renewal notices will be via email.

VERIFICATION OF LICENSE

Verification Options

NURSYS Verification:

Complete verification on-line at 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) contact that board to request documentation verifying your licensure status be emailed to Nicole.Scott@dc.gov or Melondy.Franklin@dc.gov , or dc.bon@dc.gov

VERIFICATION OF APRN CERTIFICATION (List of approved Certification Programs, page 4)

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

CRIMINAL BACKGROUND CHECK (CBC)

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 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.

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ADDITIONAL INFORMATION

CHECKING STATUS OF APPLICATION

Go to 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 can be viewed, only after the application has been entered into the database. As information is received or as action is taken, the information is recorded in the database and automatically posted to 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 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. Without an updated mailing and/or email address, you may not receive your renewal notice.

LICENSURE RENEWAL

RN/APRN licenses expire June 30th 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 sent a renewal reminder approximately three (3) months before the expiration of your license. Upon completion of your licensure renewal, your license will be renewed for a two-year period.*

CONTINUING EDUCATION REQUIREMENTS

APRNs:	24 Continuing Education Hours (Must include a minimum of 15 contact hours in a continuing education program that includes a pharmacology component)
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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION

ADVANCED PRACTICE REGISTERED NURSE LICENSURE APPLICATION



Government of the District of Columbia
Department of Health



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

**DISTRICT OF COLUMBIA BOARD OF NURSING
ADVANCED PRACTICE REGISTERED NURSE APPLICATION**

LICENSE TYPE **FEE (Non-Refundable)**

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

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

ADDING ADDITIONAL APRN AUTHORITY to APRN LICENSE

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

PAYMENT: Make non-refundable check or money order payable to **DC Treasurer** and mail, along with this application, to:

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

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 may be cause for disciplinary action. If you have any questions **email: dc.bon@dc.gov**

ADVANCED PRACTICE REGISTERED NURSE APPLICATION

VERIFICATION OF LICENSE

Verification of licensure status must be received from your **original jurisdiction of licensure** and current jurisdiction of licensure, if your original jurisdiction of licensure is not active via:

NURSYS Verification: www.nursys.com.

NON-NURSYS Verification: If your 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 be emailed to dc.bon@dc.gov

Verification of APRN certification (See list of recognized Certification Programs below)
Ask certifying body to email verification of your current APRN certification to Nicole.Scott@dc.gov,
Melondy.Franklin@dc.gov, or dc.bon@dc.gov

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

AACN	American Association of Critical Care Certification Corporation
AACNS-N	Neonatal CNS wellness through acute care
ACCNS-P	Pediatric CNS wellness through acute care
CCNS-AG	Adult/Gero CNS wellness through acute care
AG-ACNPC	Adult/Gero Acute Care CNP
AANPCB	American Association of Nurse Practitioners Certification Board
NP-C	Family Nurse Practitioner
NP-C	Adult Nurse Practitioner – retiring 12/2016
NP-C	Adult/Gero Primary Care Nurse Practitioner
AMCB	American Midwifery Certification Board
CNM	Certified nurse midwife
ANCC	American Nurses Credentialing Center
ACNP-BC	Acute Care Nurse Practitioner – retiring 12/2016
AGACNP-BC	Adult/Gero Acute Care Nurse Practitioner
AGPCNP-BC	Adult/Gero Primary Care Nurse Practitioner
FNP-BC	Family Nurse Practitioner
PPCNP-BC	Pediatric Primary Care Nurse Practitioner
ANP-BC	Adult Nurse Practitioner - retiring 12/2016
GNP-BC	Gerontological Nurse Practitioner – retiring 12/2016
PMHNP-BC	Adult Psychiatric Nurse Practitioner – retiring 12/2016
PMHNP-BC	Family Psychiatric and Mental Health Nurse Practitioner
PMHCNS-BC	Child/Adolescent Psychiatric Mental Health CNS – retiring 12/2017
ACNS-BC	Adult Health CNS – retiring 11/2017
PCNS-BC	Pediatric CNS – retiring 2017
NBCRNA	National Board on Certification and Recertification of Nurse Anesthetists
CRNA	Certified Registered Nurse Anesthetist
NCC	National Certification Corporation
WHNP-BC	Women’s Healthcare Nurse Practitioner
NNP-BC	Neonatal Nurse Practitioner
PNCB	Pediatric Nursing Certification Board
CPNP-PC	Pediatric Nurse Practitioner Primary Care
CPNP-AC	Pediatric Nurse Practitioner Acute Care

ADVANCED PRACTICE REGISTERED NURSE APPLICATION 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 or call 1-877-783-4787 to pay for and schedule an appointment to have your CBC completed.

Board	Date State CBC Completed	Date FBI CBC Completed
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		
NJ		
NH		
NM		
NV		
OH		
OK		
OR		
RI		
SC		
SD		
TN		
TX		
UT		
VA		
WA		
WV-PN		
WY		

**ADVANCED PRACTICE REGISTERED NURSE APPLICATION
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:
- (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? ___ YES ___ NO
- (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? ___ YES ___ NO
- (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? ___ YES ___ NO
- (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board? ___ YES ___ NO
- (5) Have you voluntarily surrendered your license? ___ YES ___ NO
- (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

ADVANCED PRACTICE REGISTERED NURSE APPLICATION

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

DATE

PRINT NAME

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, or by TTY at 711. For additional information, visit the Office of the Inspector General’s website at oig.dc.gov.

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:

899 North Capitol Street, NE, 1st Floor, Washington, DC 20002

Check Application Status:

<https://app.hrla.doh.dc.gov/Weblookup/>

Website:

hrla.doh.dc.gov

Board of Nursing Email:

dc.bon@dc.gov

Criminal Background Check Unit Email: doh.cbcu@dc.gov