

APPLICATION FOR LICENSURE BY EXAMINATION

SECTION 3A. PREFERRED MAILING ADDRESS

Note: A P.O. BOX MAY NOT BE USED FOR AN ADDRESS. PLEASE PROVIDE A STREET ADDRESS.

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

HOME ADDRESS BUSINESS ADDRESS

SECTION 3B. HOME /BUSINESS ADDRESS

Home Address or DC Local/Mailing Address

ADDRESS: _____
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT # _____ PHONE NUMBER: (____) _____ - _____ FAX: (____) _____ - _____

You are statutorily required to notify the DC Board of Nursing in writing of an address change within 30 days. Failure to do so may result in your not receiving your license, renewal notice or other official notices and can result in a disciplinary action or a fine.

EMAIL ADDRESS (REQUIRED) : _____ CELL PHONE: _____

Business Address

EMPLOYER NAME: _____

ADDRESS: _____
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT # _____ PHONE NUMBER: (____) _____ - _____ FAX: (____) _____ - _____

EMAIL ADDRESS: _____ CELL PHONE: _____

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

IMPORTANT CONTACT INFORMATION

District of Columbia Health Professional Licensing Administration
Attention: Board of Nursing
899 North Capitol Street, N.E., 2nd Floor
Washington, D.C. 20002

Check Application Status: <http://doh.dc.gov/service/health-professionals>

HRLA Customer Service: 1-877-672-2174/<http://doh.dc.gov/service/health-professionals>

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

Board Email: hplacomments@dc.gov

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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 <http://doh.dc.gov/service/health-professionals>
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) – <http://doh.dc.gov/service/health-professionals>
- Official transcript must accompany the application in a sealed envelope. Or
Official notification of course completion signed by the Nurse Administrator of your nursing program in a sealed envelope. If an official transcript has not been issued.

**Applicant will not be licensed until the official transcript is received indicating date the degree was conferred or date of graduation.*
- To take NCLEX you must have AUTHORIZATION TO TEST (ATT). To receive your ATT, you must register at www.pearsonvue.com/nclex and pay the \$200.00 NCLEX fee.
- International applicants must provide:
 - 1) TOEFL iBT or IELTS exam results
 - 2) CES Evaluation sent to the board by CGFNS. Contact CGFNS at www.cgfns.org to apply.
- If you are requesting special accommodations to sit for NCLEX, provide the following information:
 - 1) Identify the accommodations being requested
 - 2) Submit a letter from the appropriate health professional which confirms the disability, and provides information describing the accommodations required
 - 3) Submit a letter from your education program, indicating the modifications granted by the program
- If you answered "Yes" to any of the questions in Section 5 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.

