



Government of the District of Columbia  
Department of Health  
Health Regulation and Licensing Administration



APPLICATION INSTRUCTIONS AND FORMS  
**FOR LICENSURE BY EXAMINATION**  
REGISTERED NURSE  
IN THE DISTRICT OF COLUMBIA

*Your interest in becoming licensed as a 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.*

This package contains the forms to apply for a nursing license by examination 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

Please print or type all information on the application except signatures.

**Applications that are illegible and/or submitted without required signatures or with missing or incorrect fees will be returned in their entirety.**

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 an application is incomplete or otherwise deficient, the processing center staff of the Health Regulation and Licensing Administration (HRLA) will notify you via email of the deficiency/ies. If the Board has questions or concerns, you will also be notified.

### PAYMENT OF LICENSURE FEES

Fees are payable by check or money order made payable to DC Treasurer – **Do NOT Send CASH**. 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.

### WHERE TO FILE

*Application Documents should be sent to the following address:*

Board of Nursing  
P. O. Box 37802  
Washington, DC 20013

If you have any questions, call HRLA's Customer Service toll free line at 1-877-672-2174 between 8:30 a.m. and 4:30 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application.

### 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**

Social Security Number must be provided. If you don't currently have a social security number you must submit the SSN "Affidavit form in support of your application for District of Columbia Licensure." International applicants: A Tax ID number will **NOT** be accepted in lieu of a social security number.

## **PLACE OF BIRTH**

Provide the requested information.

## **RACE AND ETHNICITY DESIGNATION**

Provide the requested information.

## **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**

To schedule your CBC (Live Scan/Fingerprinting) with MorphoTrust access: <http://www.l1enrollment.com/state/?st=DC> or call 1-877-783-4187.

## **To sit for the NCLEX exam you must have AUTHORIZATION TO TEST (ATT)**

In order to receive your ATT, you must pay PearsonVue \$200.00 and be approved by the board. You can register:

Online at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex)

By calling [1-866-49NCLEX](tel:1-866-49NCLEX) to register by phone

## **MISSED DATE SCHEDULED TO SIT FOR NCLEX**

If you are unable to sit for the exam on the date scheduled you will need to reapply to sit for the exam with Pearson Vue 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.

## **LETTER OF RECOMMENDATION FROM NURSE ADMINISTRATOR (if \*transcript 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. E transcripts are also accepted. They must be sent directly from the school to Ms. Tanee Atwell at [tanee.atwell2@dc.gov](mailto:tanee.atwell2@dc.gov).

## **CGFNS CERTIFICATION-INTERNATIONAL APPLICANTS**

Graduates of nursing schools which are not located in the United States or Canada are required to have their credentials evaluated through CGFNS at [www.cgfns.org](http://www.cgfns.org).

## **SUPPORTING DOCUMENTS REQUIRED**

Submit all required supporting documents along with your application. **Keep a photocopy of all supporting documents for your records.**

Official Transcript- If not previously submitted an official transcript from the applicant's school of nursing must accompany the application in a sealed envelope.

Passport Photos- Two recent and identical passport-type photos of the applicant's face (approx. 2"x2") with the applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.

## **Special Accommodations to sit for NCLEX**

If you are requesting special accommodations to sit for NCLEX provide the following information:

Identify the accommodation being requested

Submit a letter from the appropriate health professional which confirms the disability, and provides information describing the accommodations required

Submit a letter from your education program, indicating the modifications granted by the program

## **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 E, 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.

## ADDITIONAL INFORMATION

### APPLICATION STATUS

To 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." 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/>

### LICENSURE RENEWAL

**DC RN licenses expire on 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 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.

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

RNs: 24 Contact hours

- (1) Contact Hour option: Provide an original verification form signed or stamped by the program sponsor.
- (2) Academic Option: Provide proof of having completed an undergraduate or graduate course, in nursing or relevant to the practice of nursing.
- (3) Teaching Option: 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)
- (4) Author or Editor Option: 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)

**PLEASE NOTE:** All continuing education must be relevant to your current field of practice.

### 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 \$100.00 fine for the first offense and higher for subsequent offenses. HRLA will update the address change in your database record. Requests for an address change should be made via email at [tanee.atwell2@dc.gov](mailto:tanee.atwell2@dc.gov) or [bon.dc@dc.gov](mailto:bon.dc@dc.gov). Without an updated address, you may not receive valued information including you renewal including your renewal notice.



**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: [bon.dc@dc.gov](mailto:bon.dc@dc.gov)

**DISTRICT OF COLUMBIA BOARD OF NURSING  
APPLICATION FOR LICENSURE BY EXAMINATION**

**LICENSE TYPE:**

- Registered Nurse

**FEE (Non-refundable)**

**\$187.00**

**PAYMENT:** Make 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**

**Criminal Background Check: For payment and to schedule an appointment (Call 1-877-783-4187 or [www.L1Enrollment.com](http://www.L1Enrollment.com)). All applicants are required to undergo a Criminal Background Check.**

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Applicants must complete every section of this application and submit the original and all required supporting documents. If more space is needed to fully answer the screening questions, attach additional sheets with typed responses. False or misleading statements may be cause for disciplinary action. If you have any questions email: [tanee.atwell2@dc.gov](mailto:tanee.atwell2@dc.gov) or [bon.dc@dc.gov](mailto:bon.dc@dc.gov).

**EXPIRATION: RN licenses expire June 30<sup>th</sup> of even-numbered years**

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**HOME ADDRESS OR LOCAL/MAILING ADDRESS:** (All official correspondence will be mailed to this address.) **You are statutorily required to notify the Board in writing within 30 days of an address change. Failure to do so may result in non-receipt of a license, renewal notice or other official notices and can result in a disciplinary action or a fine.**

Street Number and Street Name:


Apartment/Suite Number: City:

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State/Province/Territory: ZIP:

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Phone Number:

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Email Address:

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

Street Number and Street Name:


Apartment/Suite Number: City:

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State/Province/Territory/Jurisdiction: ZIP:

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Phone Number:

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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

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**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, and 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

### 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

**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**

**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).

## **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.hpla.doh.dc.gov/Weblookup/>

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

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

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