



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



APPLICATION INSTRUCTIONS AND FORMS
FOR LICENSURE BY RE-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 re-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.11enrollment.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

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.

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 with the initial examination application, an official transcript from the applicant's school of nursing must accompany the application in a sealed envelope.

Review Course- Required if you have not yet taken or passed the NCLEX-RN examination six (6) months after the date you became eligible to sit. Applicant must complete and submit proof of completion.

Accepted Review Courses

Kaplan- evidence of attainment a score of 65 on the Exit Exam

Hurst- evidence of attainment 85/120 questions correct (6 exit exams)

NCSBN Learning Ext (www.learningext.com) completion certification

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 or 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

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

LICENSE TYPE:

Registered Nurse

FEF (Non-refundable)

\$85.00

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). All applicants are required to undergo a Criminal Background Check.

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 or bon.dc@dc.gov.

EXPIRATION: **RN licenses expire June 30th of even-numbered years**

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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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, 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: 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

Board of Nursing Email: bon.dc@dc.gov

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