

**WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
ANNUAL LICENSE RENEWAL APPLICATION**

P.O. Box 5337, CHARLESTON, WV 25361-0337
304-558-3596 OR 1-877-743-6877 VOICE MAIL SYSTEM
Web: www.wvrnboard.com E-mail: rnboard@state.wv.us

Save time. . . Renew Online www.wvrnboard.com through **October 31, 2010**

RENEWAL INFORMATION: Your RN license expires October 31, 2010. You must renew the license to continue working or identifying yourself as an RN.

PLEASE READ QUESTIONS CAREFULLY COMPLETE ALL PAGES OF THE APPLICATION AND SIGN

Incomplete or unsigned applications will be returned unprocessed

Make checks payable to: **WV BD OF EXAM FOR RN**. Place your license number on your check. There is a **\$20.00 fee for returned checks**. A license becomes invalid upon failure to redeem a check after notification. Online credit card payment is available at www.wvrnboard.com. Faxed applications are not accepted.

**RENEWAL APPLICATION MUST BE RECEIVED IN THIS OFFICE BY OCTOBER 1, 2010 TO BE ASSURED OF RECEIPT OF YOUR LICENSE BY OCTOBER 31, 2010
MAIL TO: WV RN Board, PO Box 5337, Charleston, WV 25361-0337 Board Office closes at 5:00 PM October 29, 2010**

Name _____ License Number (if known) _____

Address _____ City _____ State _____ Zip _____ SSN: _____ - _____ - _____

E-mail Address _____

READ EACH QUESTION CAREFULLY: CHECK OR CIRCLE THE CORRECT RESPONSE

1. A. **RENEWAL FEE = \$35.00** The RN Board receives \$25.00 and the Center for Nursing receives \$10.00.
B. **Renewal Fee with Name Change = \$40.00** and requires a certified copy of the legal document changing your name or a signed and notarized affidavit. The affidavit is on the web site at www.wvrnboard.com
C. **Inactive Status Request = No fee**. No license issued. Must sign back of renewal form. May not be placed on inactive status if discipline is pending or there is currently action against your license.
D. **Retired Status Request = No Fee**. Must be unemployed. May not practice or identify yourself as a licensed registered nurse. A special RETIRED NURSE license will be issued.

2. Marital Status: (S) - Single (M) - Married (W) - Widowed (D) - Divorced

3. To which racial/ethnic group do you belong (check only one)?
 White, not of Hispanic origin Black, not of Hispanic origin Hispanic American Indian/Alaskan Native
 Asian/Pacific Islander Multi-racial Other racial/ethnic group

4. Check the degrees you hold other than your original nursing degree and provide the year obtained. All Diploma Degrees are currently in the database:

- Associate, nursing _____ Baccalaureate, nursing _____ Masters, nursing _____ Doctoral, nursing _____
 Associate, other field _____ Baccalaureate, other field _____ Masters, other _____ Doctoral, other _____

YES* answers for 5 - 11 require additional information: an explanation and certified copies of court related documents

5. Have you ever been convicted of a felony that has **NOT** been previously reported to the Board? Yes* send additional information No

6. Have you ever been convicted of a misdemeanor, or plead nolo contendere or deferred prosecution or been pardoned in relation to any crime that has **NOT** been previously reported to the Board? (Any conviction exclusive of minor traffic violations such as speeding or parking violations must be reported.) Yes* No

7. Do you have any criminal charges currently pending in any state, territory or country that have **NOT** been previously reported to the Board? Yes* No



8. Has a complaint ever been filed against your RN license in West Virginia that has NOT been dismissed? Yes* No
9. Has a complaint ever been filed against your RN license in any other state, territory or country that has NOT been previously reported to the WV RN Board? Yes* No
10. Are disciplinary charges pending against ANY license in this state or any other state, territory or country that have NOT been previously reported to the Board? Yes* No
11. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group that has NOT been previously reported to the Board? (Action includes monetary assessments or fines) Yes* No
12. Do you currently possess any condition which may affect your ability to safely and effectively practice registered professional nursing?
YES** If you answer yes, please provide a written explanation. Yes** No
13. Do you have a court ordered child support obligation?
A. Does the amount of any unpaid obligation equal or exceed the amount of child support payable for six (6) months? Yes No
B. Are you currently the subject of a child-support or paternity subpoena? Yes No
14. Do you own all or part of a business that operates within West Virginia? Yes*** No

***If yes, please enter the FEIN number of your business _____

WVS21A-2-6(17) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment or workers compensation laws, or both laws of the state.

15. Are you currently employed in a paid position?

YES, check one below

NO, check the reason below

In nursing

- Full time paid position
 Part time paid position
 Per Diem paid position

- Working in nursing ONLY as an unpaid volunteer
 Salary inadequate
 Home responsibilities
 Caring for elderly parents
 Disabled
 Seeking work as a nurse
 Seeking work in another field
 Seeking work but no job available
 Retired
 Other

In healthcare but not nursing

- Full time paid position
 Part time paid position
 Per Diem paid position

NOT in nursing or healthcare

- Full time paid position
 Part time paid position
 Per Diem paid position

How many weeks have you been seeking a nursing job? _____ weeks

IF EMPLOYED PROVIDE THE FOLLOWING INFORMATION: Employment as a nurse means any job that requires you to hold an active license to practice as a nurse. PRIMARY NURSING POSITION is the nursing position in which you spend the most time each month.

Employer: _____

Name _____
Address _____ City _____ State _____ Zip _____

County of Employment: _____ Employer Phone Number: _____

Number of hours Worked per week: _____ Number of weeks worked per year: _____

- SETTING OF EMPLOYMENT:**
- | | |
|-----------------------------------|-----------------------------------|
| A. CLINIC/AMBULATORY CARE | I. OCCUPATIONAL HEALTH |
| B. COMMUNITY/PUBLIC HEALTH AGENCY | J. OFFICE |
| C. CORRECTIONS | K. PRIVATE PRACTICE/SELF EMPLOYED |
| D. HOME HEALTH AGENCY/HOSPICE | L. SCHOOL/COLLEGE HEALTH |
| E. HOSPITAL | M. SCHOOL OF NURSING |
| F. INDUSTRIAL/BUSINESS | N. STATE INSTITUTION |
| G. MILITARY INSTALLATION | O. TEMP. AGENCY/NURSING POOL |
| H. NURSING HOME/EXTENDED CARE | P. OTHER |
- PRIMARY NURSING POSITION**



- TYPE OF POSITION:** A. ADMINISTRATOR/MANAGER/DIRECTOR G. QLTY ASSURANCE/RISK MGNT
PRIMARY NURSING B. DISCHARGE PLANNER/CASE MNGR H. RESEARCHER/CONSULTANT
POSITION C. FACULTY/EDUCATOR (includes in-service) I. SCHOOL NURSE
D. HEAD NURSE/CHARGE/TEAM LDR J. STAFF NURSE/GENERAL DUTY
E. INFECTION CONTROL K. UTILIZATION REVIEW/ OUTCOMES MNGMT/
F. NURSE PRACTITIONER, CNM, CNS, OTHER INSURANCE RELATED
CRNA L. OTHER

MAJOR CLINICAL TEACHING OR PRACTICE AREA: PRIMARY NURSING POSITION

- A. ANESTHESIA I. MEDICAL SURGICAL Q. REHABILITATION
B. COMMUNITY/PUBLIC HEALTH J. NEONATOLOGY R. OTHER: _____
C. EMERGENCY CARE K. OBSTETRICS
D. GENERAL PRACTICE L. ONCOLOGY
E. GERIATRIC M. OPERATING/POST-ANESTHESIA RECOVERY
F. HOME HEALTH N. PEDIATRIC
G. INTENSIVE /CRITICAL CARE O. PSYCHIATRIC/MENTAL HLTH/SUBSTANCE ABUSE
H. IV THERAPY P. QUALITY ASSURANCE/RISK MGNT

16. Do you hold any of the following certifications?

AMERICAN ASSOCIATION OF CRITICAL CARE NURSES

- Critical Care Clinical Nurse Specialist

AMERICAN NURSES CREDENTIALING CENTER

- Acute Care Nurse Practitioner
 Family Nurse Practitioner
 Pediatric Nurse Practitioner
 Adult Psychiatric and Mental Health Nurse Practitioner
 Clinical Specialist in Community Health Nursing
 Clinical Specialist Adult Psychiatric and Mental Health Nursing
 Nursing Administration, Advanced
 Adult Nurse Practitioner
 Gerontological Nurse Practitioner
 School Nurse Practitioner
 Clinical Specialist in Medical-Surgical Nursing
 Clinical Specialist in Gerontological Nursing
 Clinical Specialist in Child and Adolescent
 Psychiatric and Mental Health Nursing

AMERICAN ACADEMY OF NURSING PRACTITIONERS

- Adult Nurse Practitioner Family Nurse Practitioner

NATIONAL CERTIFICATION CORPORATION FOR THE OBSTETRIC, GYNECOLOGIC AND NEONATAL NURSING

- Women's Health Care Nurse Practitioner Neonatal Nurse Practitioner

PEDIATRIC NURSING CERTIFICATION BOARD (PNCB)

- Certified Pediatric Nurse Practitioner.

COUNCIL ON CERTIFICATION/RE-CERTIFICATION OF NURSE ANESTHETISTS

- Certified Registered Nurse Anesthetist

Answer the following questions if you work in a paid nursing position or as an unpaid nurse volunteer. If you work in more than one nursing position, answer the following questions related to the **PRIMARY NURSING POSITION** which is the nursing position in which you spend the most time each month.

17. Does your **primary nursing position** involve providing direct care services to patients/families? YES NO

18. How many hours did you work last week in your **primary nursing position**? (Do not count on-call hours, vacation or sick leave hours if they were paid). _____

19. If you work as a nurse in a second job, how many hours per week do you work? _____

20. Please list all states in which you hold an ACTIVE license as an RN. _____

21. Please list all states in which you are currently practicing as an RN. _____

22. How long do you **expect to stay** in your **primary nursing position**?

- 3 years or less 4 to 10 years more than 10 years Not Applicable

23. How many years have you been in your current **primary nursing position**?

- 1 - 5 years 11 - 15 years 21 - 25 years 31 or more years
 6 - 10 years 16 - 20 years 26 - 30 years Not applicable

24. How long do you expect to provide **direct patient care**?

- 3 years or less 4 - 10 years more than 10 years not applicable



25. If you are planning to leave your current **primary nursing position**, for what reason(s) would you be leaving? (Mark all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> NOT APPLICABLE | <input type="checkbox"/> RETURNING TO SCHOOL | <input type="checkbox"/> CARING FOR ELDERLY/DISABLED FAMILY |
| <input type="checkbox"/> RELOCATING | <input type="checkbox"/> WORKING ENVIRONMENT | <input type="checkbox"/> STARTING/RAISING A FAMILY |
| <input type="checkbox"/> SALARY/PAY | <input type="checkbox"/> CHANGING SPECIALTY | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> RETIRING | | |

26. What age were you when you graduated from your original nursing program? _____

CERTIFICATION STATEMENT:

By signing this application, I hereby certify that the information provided on this application is complete and true and that I have met one of the continuing education requirements below:

I completed twelve (12) hours of continuing education between November 1, 2009 and October 31, 2010

or

I was initially licensed in WV on or after November 1, 2009 and have satisfactorily completed two (2) hours of CE on End of Life Care Including Pain Management.

There is a one time two (2) hour requirement for "End of Life Care Including Pain Management." If you completed a course in "End of Life Care Including Pain Management" at anytime after you were initially licensed, you have met this requirement.

I understand that supplying false information is a violation of WV Code § 30-7-1 et. seq. And subjects me to the full range of disciplinary action described therein. If I fail to renew my license, my license will lapse and I may not work or represent myself as an RN until I have met the reinstatement requirements. If I do work or represent myself as an RN while my license is lapsed, I am subject to fines, administrative costs and disciplinary action, as defined in WV Code '30-7-1 et seq., and related laws and rules.

Your Daytime Phone Number: () _____ Home Phone Number: () _____

LICENSEE SIGNATURE: _____ DATE: _____

SIGNATURE REQUIRED

Before Mailing Your Application:

1. Consider renewing Online at www.wvrnboard.com **Save Time Renew Online**
2. Answer all questions and fill in all blanks
3. Provide supporting documentation if needed (Yes answer to questions 5 - 12)
4. Include a check or money order for the required fee
5. Sign the renewal certifying that all information is correct

Failure to complete steps 2 - 5 above will result in a delay in the processing of the renewal application. The incomplete application will returned to you to complete and send back to the Board office. If the application is not returned to the Board office prior to the 10/29/10 deadline, the license will lapse and a reinstatement fee and application will be required to obtain an active license. There is a monetary penalty for practicing without a current active license. Fine and administrative costs of Five Hundred Dollars (\$500.00) for practicing without a valid license from the date the license lapsed up to thirty (30) days or any portion thereof. One Hundred Dollars (\$100.00) for each additional thirty (30) days or any portion thereof. Disciplinary action may be taken for other violations of the law and for practicing without a license for six (6) months or more.

If you have any questions about the renewal process, please send an e-mail to: rnboard@state.wv.us and reference 2010 Renewal in the subject line.

