DISTRICT OF COLUMBIA BOARD OF NURSING
REGISTERED NURSE REINSTATEMENT-REACTIVATION APPLICATION

PLEASE READ BEFORE COMPLETING THE APPLICATION AND RETAIN FOR YOUR RECORDS

Your interest in reinstating your Registered Nurse license 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.

APPLICATION PROCESS

- You will receive an email that your application has been received and is currently being processed. Please allow 15 business days from the receipt of the notification before checking the status of your application. You must register to check your application status at: https://app.hpla.doh.dc.gov/mylicense/

- If additional information is required to complete your application, you will be contacted via email by a Licensing Specialist with instructions on how to submit the required documents. Please be sure to submit the required documents in the manner requested.

- An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for licensure, and pay the required fees.

DO NOT COMPLETE THIS APPLICATION IF YOUR LICENSE HAS BEEN EXPIRED FIVE (5) YEARS OR MORE AND YOU ARE CURRENTLY LICENSED IN ANOTHER STATE OR JURISDICTION- COMPLETE THE ENDORSEMENT APPLICATION.

IMPORTANT CONTACT INFORMATION

DC Board of Nursing Location:
District of Columbia Department of Health
899 North Capitol Street NE
Washington, D.C. 20002

Website:
dchealth.dc.gov/bon

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

Mailing Address:
D.C. Board of Nursing
P.O. Box 37802
Washington, D.C. 20013
BEFORE YOU SUBMIT YOUR APPLICATION MAKE SURE YOU HAVE PROVIDED OR REQUESTED ALL OF THE FOLLOWING CHECKLIST ITEMS:

APPLICATION CHECKLIST

REINSTATEMENT OF AN EXPIRED RN LICENSE LESS THAN A YEAR

☐ A completed, signed and dated application

☐ $230.00 application fee (non-refundable)

☐ Social Security number

☐ Email address

☐ Name change document- If the name on your application differs from the name on any of your supporting documents, proof of name change is required. Acceptable documents are: marriage certificate, divorce decree, court order or spouse's death certificate.

☐ A copy of a government issued photo ID

☐ Criminal background check (Required if your previous background check with the DC Board of Nursing is older than four years). Criminal background check instructions can be found on the Board of Nursing’s site (dchealth.dc.gov/bon) under Criminal background check.

☐ Submit evidence of having met the board’s continuing education requirement (RNs - 24 hours) Only continuing education taken in the two (2) years immediately preceding the application date will be accepted. See Methods of Compliance.

REINSTATEMENT OF AN EXPIRED RN LICENSE MORE THAN A YEAR LESS THAN FIVE (5)

☐ A completed, signed and dated application

☐ $230.00 application fee (non-refundable)

☐ Social Security number

☐ Email address
Name change document- If the name on your application differs from the name on any of your supporting documents, proof of name change is required. Acceptable documents are: marriage certificate, divorce decree, court order or spouse’s death certificate.

A copy of a government issued photo ID

Criminal background check (Required if your previous background check with the DC Board of Nursing is older than four years). Criminal background check instructions can be found on the Board of Nursing’s site (dchealth.dc.gov/bon) under Criminal background check.

Submit evidence of having met the board’s continuing education requirement (RNs-24 hours) Only continuing education taken in the two (2) years immediately preceding the application date will be accepted. See Methods of Compliance.

Verification of an active license.

To submit verification of your licensure status access NURSYS.COM. If your state does not participate in the NURSYS verification system, request that verification be emailed to the DC Board of Nursing. Our email address is on file with each non-participating state board of nursing.

Non-NURSYS Participating Boards (Alabama; California; Michigan; Pennsylvania)

REINSTATEMENT OF AN EXPIRED RN LICENSE- NOT ACTIVELY PRACTICING 5 YEARS OR MORE

A completed, signed and dated application

$230.00 application fee (non-refundable)

Email address

Name change document- If the name on your application differs from the name on any of your supporting documents, proof of name change is required. Acceptable documents are: marriage certificate, divorce decree, court order or spouse’s death certificate.
A copy of a government issued photo ID

Criminal background check. Criminal background check instructions can be found on the Board of Nursing’s site (dchealth.dc.gov/bon) under Criminal background check.

Evidence of having completed a board-approved refresher course. (To be completed by applicants who do not hold an active license in another state).

**REACTIVATION OF AN INACTIVE LICENSE LESS THAN TWO (2) YEARS**

- A completed, signed and dated application
- $34.00 application fee (non-refundable)
- Email address
- Name change document- If the name on your application differs from the name on any of your supporting documents, proof of name change is required. Acceptable documents are: marriage certificate, divorce decree, court order or spouse’s death certificate.
- A copy of a government issued photo ID

Criminal background check (Required if your previous background check with the DC Board of Nursing is older than four years) Criminal background check instructions can be found on the Board of Nursing’s site (dchealth.dc.gov/bon) under Criminal background check.

Submit evidence of having met the board’s continuing education requirement (RNs-24 hours) Only continuing education taken in the two (2) years immediately preceding the application date will be accepted. See Methods of Compliance.

**REACTIVATION OF AN INACTIVE LICENSE TWO (2) YEARS OR MORE**

- A completed, signed and dated application
- $34.00 application fee (non-refundable)
- Email address
- Name change document- If the name on your application differs from the name on any of your supporting documents, proof of name change is required. Acceptable documents are: marriage certificate, divorce decree, court order or spouse’s death certificate.
A copy of a government issued photo ID

Criminal background check. Criminal background check instructions can be found on the Board of Nursing’s site (dchealth.dc.gov/bon) under Criminal background check.

Submit evidence of having met the board’s continuing education requirement (RNs- 24 hours) (To be completed by applicants who have an active license in another state). See Methods of Compliance.

Verification of an active license

To submit verification of your licensure status access NURSYS.COM. If your state does not participate in the NURSYS verification system, request that verification be emailed to the DC Board of Nursing. Our email address is on file with each non-participating state board of nursing.

Non-NURSYS Participating Boards (Alabama; California; Michigan; Pennsylvania)

OR

Evidence of having completed a board-approved refresher course. (To be completed by applicants who do not hold an active license in another state).

PLEASE RETAIN FOR YOUR RECORDS
ANY OF THE FOLLOWING METHODS OF COMPLIANCE MAY BE UTILIZED

- **CONTACT HOUR OPTION**
  May be used if you have completed continuing education offerings.
  **DOCUMENTATION NEEDED:**
  Certificates of completion from an approved continuing education provider. Certificates must show the number of hours received, date of completion and approved provider.

- **ACADEMIC OPTION**
  May be used when you have completed a course leading towards a degree in nursing or any academic course relevant to the practice of nursing.
  **DOCUMENTATION NEEDED:**
  Official school transcript

- **TEACHING OPTION**
  May be used if you have developed and taught a course or educational offering for a continuing education provider approved by an accrediting body or Board of Nursing. Four (4) Contact hours for each approved contact hour

  Please note: This is not an option for nurses required to develop and teach continuing education courses as a condition of employment.

  **DOCUMENTATION NEEDED (any of the following)**
  Verification form indicating your name, the name of the accrediting body and the number of contact hours **AND**
  Letter from an accrediting body acknowledging their approval of your course

- **AUTHOR OR EDITOR OPTION**
  Author of a book chapter or peer reviewed article (if the manuscript has been published or accepted for publication during the period for which credit is claimed. Twenty-four Contact Hours Awarded.

  **DOCUMENTATION NEEDED (any of the following)**
  Letter of acceptance **OR**
  Copy of title page of the book or article (for articles, include the name of the journal, if not indicated on the title page) **OR**
  Copy of page listing you as editor
BOARD OF NURSING
REGISTERED NURSE REINSTATEMENT APPLICATION

All 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 will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514. If you have any questions, call HPLA Customer Service at 1-877-672-2174 Monday through Friday, 8:30 AM to 4:30 PM EST.

Please Note: Please refer to application instructions before completing this form.

SECTION 1. LICENSURE TYPE & FEES

☐ REINSTATE EXPIRED RN LICENSE $230.00

☐ REACTIVATE INACTIVE RN LICENSE $34.00

DC LICENSE NUMBER ____________________

☐ CRIMINAL BACKGROUND CHECK: A criminal background check is required only if the previous background check with the DC Board of Nursing is older than four years.

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

Make check or money order payable to: DC Treasurer
Mail your application to:
D.C. Board of Nursing
P.O. Box 37802
Washington, D.C. 20013

SECTION 2. APPLICANT INFORMATION

Note: LEGAL NAME: (Do not use any initials unless they are a part of your name)

_________________________________________     _________________________________     ________________________
FIRST NAME                           MI                         LAST NAME       ( SUFFIX: Jr., Sr. etc.)

____/______/_____                                         __________-_________-
Date of Birth                          Social Security Number  GENDER: □ MALE □ FEMALE

*All Applicants must provide a Social Security Number. 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.

SECTION 3. OTHER NAMES USED: (Please print clearly)

If your name on this application is different from the name on your supporting documentation provide a copy of a legal document supporting the name change. Acceptable documents for individuals are marriage certificates, divorce decrees, court orders and spouse’s death certificate.

_________________________________________     _________________________________
FIRST NAME                      MI                             LAST NAME       (SUFFIX: Jr., Sr. etc.)

______________     ______
______________________________
FIRST NAME                      MI                             LAST NAME                              (SUFFIX: Jr., Sr. etc.)

__________________________
Place of Birth: State/Providence/Territory

__________________________
Country if not USA

SECTION 4: RACE & ETHNICITY DESIGNATION:

☐ American Indian/Alaskan Native  ☐ Asian/South Asian  ☐ Black or African American

☐ Caucasian/White                ☐ Hispanic or Latino

☐ Other ______________________   ☐ Native Hawaiian or other Pacific Islander

LANGUAGE(S) SPOKEN:
Language(s) spoken other than English:

☐ Spanish  ☐ French

☐ German  ☐ Arabic

☐ Other ______________________

899 North Capitol St NE, 1st Floor Washington, D.C. 20002 Phone (202) 724-8800 Email: bon.dc@dc.gov
## SECTION 5. 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 6. 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 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

ADDRESS:

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

APARTMENT #________  PHONE NUMBER: (_____) ______ - ______  FAX: (_____) ______ - ______

EMAIL ADDRESS: __________________________________________  CELL PHONE: ___________________

## SECTION 7. NURSING SCHOOLS ATTENDED

List all nursing schools that you have attended beginning with the most recent at the top.

<table>
<thead>
<tr>
<th>School Name, City, State, Country</th>
<th>Date of Graduation mm/yyyy</th>
<th>Degree/Certificate</th>
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</tbody>
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## SECTION 8. PROFESSIONAL LICENSURE IN OTHER JURISDICTIONS

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<thead>
<tr>
<th>JURISDICTION</th>
<th>ACTIVE/ NOT ACTIVE</th>
<th>LICENSE NUMBER</th>
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### VERIFYING LICENSURE STATUS

You must provide verification of and active license if your license with the District of Columbia has been expired more than a year.

To submit verification of your licensure status access NURSYS.COM. If your state does not participate in the NURSYS verification system, request that verification be emailed to the DC Board of Nursing. Our email address is on file with each non-participating state board of nursing.

Non-NURSYS Participating Boards (Alabama; California; Michigan; Pennsylvania)
### SECTION 9. SCREENING QUESTIONS
Applicants must answer all of the following 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 that the Department of Health 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.

IF YOU ANSWER “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 RENEWAL APPLICATION BE DENIED.

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)?

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.).

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**SECTION 10. 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.

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**LICENSEE SIGNATURE**

**PRINT NAME**

**DATE**

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.