

**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

- Processing time for applications is 6-8 weeks. Please allow **21 business days** after applying before registering to check the status at <https://app.hpla.doh.dc.gov/mylicense/>. If you have questions about your application after viewing your checklist, email the Licensing Specialist for your license type from the BON's staff list at <https://dchealth.dc.gov/bon>.
- If we need additional information 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.
- Once your application is approved, you will be able to view your approved status at <https://doh.force.com/ver/s/> and can expect to receive the license by mail in 7-14 business days.

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

Mailing Address:

D.C. Board of Nursing
P.O. Box 37802
Washington, D.C. 20013

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.

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 two years**). Criminal background check instructions can be found at <https://dchealth.dc.gov/service/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 two 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 and select Nurse License verification for Endorsement. The fee for this service is \$30.00. 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 (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 two 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 and select Nurse License verification for Endorsement . The fee for this service is \$30.00. 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 (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	
<input type="checkbox"/> REINSTATE EXPIRED RN LICENSE \$230.00 <input type="checkbox"/> REACTIVATE INACTIVE RN LICENSE \$34.00 DC LICENSE NUMBER _____ <input type="checkbox"/> CRIMINAL BACKGROUND CHECK: A criminal background check is required only if the previous background check with the DC Board of Nursing is older than two years.	<p style="color: red;">LICENSURE EXPIRATION: RN licenses expire June 30th of even numbered years</p> <p><u>Make check or money order payable to:</u> DC Treasurer <u>Mail your application to:</u> D.C. Board of Nursing P.O. Box 37802 Washington, D.C. 20013</p>
SECTION 2. APPLICANT INFORMATION	
<p>Note: LEGAL NAME: (Do not use any initials unless they are a part of your name)</p> <p>_____</p> <p style="text-align: center;">FIRST NAME MI LAST NAME (SUFFIX: Jr., Sr. etc.)</p> <p>____/____/____ _____ - ____ - ____ * GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p style="text-align: center;">Date of Birth Social Security Number</p> <p><i>*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.</i></p>	
SECTION 3. OTHER NAMES USED: (Please print clearly)	
<p>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.</p> <p>_____</p> <p style="text-align: center;">FIRST NAME MI LAST NAME (SUFFIX: Jr., Sr. etc.)</p> <p>_____</p> <p style="text-align: center;">FIRST NAME MI LAST NAME (SUFFIX: Jr., Sr. etc.)</p> <p>_____</p> <p style="text-align: center;">Place of Birth: State/Providence/Territory Country if not USA</p>	
SECTION 4: RACE & ETHNICITY DESIGNATION:	LANGUAGE(S) SPOKEN:
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/South Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<p style="text-align: center;"><i>Language(s) spoken other than English:</i></p> <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____

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.

School Name, City, State, Country	Date of Graduation mm/yyyy	Degree/Certificate

SECTION 8. PROFESSIONAL LICENSURE IN OTHER JURISDICTIONS

MANDATORY FIELD	JURISDICTION	ACTIVE/ NOT ACTIVE	LICENSE NUMBER
Original state of licensure:			
Current state of licensure:			

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 and select Nurse License verification for Endorsement. The fee for this service is \$30.00. 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 (California; Michigan; Pennsylvania)

SECTION 9. SCREENING QUESTIONS: Applicants must answer all the following questions. If you answer "Yes" to questions A-E provide a detailed explanation on a separate sheet of paper. Submit copies of relevant court reports, personnel actions, or other relevant documents.

<p align="center">Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 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)? <p>Information presented above is in compliance with the requirement to submit with your application for licensure under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i>, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>		<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
A	Since you were last licensed in the District of Columbia, 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?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
B	Since you were last licensed in the District of Columbia, have you been convicted or arrested for a crime or misdemeanor(other than a minor traffic violation)?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
C	Since you were last licensed in the District of Columbia, have you been party to a malpractice action or had a malpractice action brought against you?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
D	Since you were last licensed in the District of Columbia, have you been terminated from or resigned from a clinical or professional training program due to unsafe practice?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
E	Since you were last licensed in the District of Columbia, please answer with respect to DC or any other jurisdiction/state: (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?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>

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.

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.