

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION



APPLICATION INSTRUCTIONS AND FORMS
FOR LICENSURE BY ENDORSEMENT

**REGISTERED NURSING
LICENSED PRACTICAL NURSING**

Your interest in becoming licensed as a practical nurse or 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 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 typed responses to the form.

THE APPLICATION PROCESS

Upon submission 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 you submit an application that is incomplete or otherwise deficient, Health Regulation and Licensure Administration's (HRLA) processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

Documents should be sent to the following address:

Department of Health
Health Regulation and Licensure Administration
DC Board of Nursing
899 North Capitol Street, NE
First Floor
Washington, DC 20002

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. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

COMPLETING THE LICENSURE BY ENDORSEMENT APPLICATION

Your application along with all required supporting documents must be mailed in the same package to the Board office. Please mail in a 9X12 envelope and do not staple or fold application.

LICENSE FEES

Checks or money orders should be made payable to DC Treasurer and submitted with your application. You may pay the license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed.

PASSPORT PHOTO

Two passport-type photos of the applicant's face, measuring approximately 2" x 2" with the applicant's name and Social Security Number printed on the back. Home snapshots are not acceptable.

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

All Applicants must provide a Social Security Number (SSN). 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. You can download the affidavit form by printing a copy at www.hpla.doh.dc.gov. *A Tax ID number will not be accepted in lieu of a social security number.*

HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address must also be provided.

VERIFICATION OF LICENSE

Verification of licensure status must be received from:

Original jurisdiction of licensure

Current jurisdiction of licensure. If you have an active license in your original jurisdiction/state of licensure an additional verification is not required.

Applicants must have successfully graduated from an approved school of nursing in the United States or its territories and passed NCLEX

VERIFICATION OPTIONS

NURSYS Verification:

Complete verification on-line at www.nursys.com. Remember to select DC as the jurisdiction to which you want your verification sent.

Attach a copy of your NURSYS receipt to this application.

Verification by mail:

If your original or current licensure Board does not verify licensure status on NURSYS contact them to request documentation verifying your current licensure status. **It is the applicant's responsibility to request licensure verification, if required. Submit your verification along with your application in a sealed envelope, as sent to you by the verifying Board of**

Nursing. Applicants should check with their jurisdiction/state of licensure to find out the fee for submitting licensure verifications.

Please note: A copy of your license may not be used to verify your licensure status

CRIMINAL BACKGROUND CHECK

IN THE DC AREA:

L1 ENROLLMENT: Visit <http://www.L1ENROLLMENT.COM/state/?st=DC> to schedule an appointment

METROPOLITAN POLICE DEPARTMENT (DC-MPD): Call 202-442-9004 to schedule an appointment

OUTSIDE OF THE DC AREA:

Call L1 Enrollment at 1-877-783-4187 to pay for the processing of your fingerprints and to obtain a mailing address for submission of your fingerprint card

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 G, 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.

SUPPORTING DOCUMENTS REQUIRED

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

ADDITIONAL INFORMATION

CHECKING STATUS OF APPLICATION

You can check the status of your licensure application online.

Go to www.hpla.doh.dc.gov and click on Application Status or <https://app.hpla.doh.dc.gov/mylicense/>.

Enter your [Social Security Number](#) and [Last Name to register. Establish](#) your [User Name](#) and [Password](#)

Once you have successfully logged-in click on “[View Checklist](#)”.

The status of your application is available the next day after the application has been entered online. As information is received or as action is taken the information is recorded in the database and automatically posted to the Status Check.

When you have been approved for licensure this information is no longer available at this site. You will be able to view your licensure status and obtain your license number at <http://app.hpla.doh.dc.gov/weblookup/> or www.hpla.doh.dc.gov and click on Online Professional Licensure Search.

RN AND LPN TEMPORARY LICENSURE STATUS

What are the requirements for temporary licensure?

Temporary Licensure Status will allow you to practice for up to 90 days while your Criminal Background Check is pending. In order to obtain temporary license status you must provide:

- a. A complete application and fee made payable to DC Treasurer including all required documents
- b. Evidence of a Live Scan/Fingerprinting

How long is a Temporary Licensure Status valid?

Temporary licensure status will be valid for 90 days, or until we receive the results of the FBI-CBC, whichever occurs first.

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 fine for first offense and higher for subsequent offenses. HRLA will update the address change in your database record. Requests for address change should be made via fax to 202-724-8471 or letter sent to HRLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

LICENSURE RENEWAL

DC LPN licenses expire on June 30 of odd numbered years. RN licenses expire June 30 of even numbered years. **Your initial license will be valid for the balance of the current renewal cycle.** The renewal fee will not be prorated. You will be mailed a renewal notice (to your 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.

CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL

RNs: 24 Contact Hours

LPNs: 18 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.

SUMMARY OF APPLICATION REQUIREMENTS

The following chart shows the application submission requirements for all application methods. The law governing nursing licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing nursing licensure are included in *DC Municipal Regulations Title 17, Chapters 40, 41, 54 and 55*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Health Regulation and Licensing Administration/Board of Nursing if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

Application Method	Signed Application	Two 2" x 2" Photos	Nursys/License Verification Original State Nursys/License Verification - Current State*	Evidence of Jurisdiction/State CBC [Required if CBC is not processed in DC]	Check or Money Order**
Endorsement	X	X	X	X	\$230

* An additional license verification from your most currently obtained state of licensure is only required if you are not actively licensed in your original state.

** Check or money order **MUST** be made payable to DC Treasurer.