

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

**APPLICATION FOR LICENSURE BY ENDORSEMENT  
BOARD OF NURSING**



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



**FOR LICENSURE BY ENDORSEMENT**

**REGISTERED 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:**

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

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

## APPLICATION FOR LICENSURE BY ENDORSEMENT

### 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.hrla.doh.dc.gov](http://www.hrla.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.

### EMAIL ADDRESS

Provide a current email address. Most of the Board's correspondence including your receipt of DC Nurse and renewal notice will be via email

### 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](http://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:

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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

#### **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.hrla.doh.dc.gov](http://www.hrla.doh.dc.gov) and click on Application Status or <https://app.hrla.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.hrla.doh.dc.gov/weblookup/> or [www.hrla.doh.dc.gov](http://www.hrla.doh.dc.gov) and click on Online Professional Licensure Search.

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### 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

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

- (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.**

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BOARD OF NURSING  
FOR LICENSURE BY ENDORSEMENT  
REGISTERED NURSE



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 HRLA 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.**

<b>SECTION 1A. LICENSURE TYPE &amp; FEES</b>	
<p><b>Please check one:</b> <input type="checkbox"/> RN</p> <p><input type="checkbox"/> Licensure by Endorsement <span style="float: right;">\$230.00</span></p> <p><b>CRIMINAL BACKGROUND CHECK:</b> All applicants are required to undergo a Criminal Background Check For payment and to schedule an appointment access <a href="http://www.L1enrollment.com">www.L1enrollment.com</a> or Call 1-877-783-4787)</p>	<p><b>LICENSURE EXPIRATION:</b> All RN licenses <u>expire June 30<sup>th</sup> even numbered year</u></p> <p>Check or money order payable to: DC Treasurer MAIL: Board of Nursing P.O. Box 37802 Washington, D.C. 20013</p>

<b>SECTION 2A. APPLICANT INFORMATION</b>			
<b>Note: LEGAL NAME: (Do not use any initials unless they are a part of your name)</b>			
_____ FIRST NAME	_____ MI	_____ LAST NAME	_____ (SUFFIX: Jr., Sr. etc.)
____/____/____ Date of Birth	____-____-____ Social Security Number *	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
_____ Place of Birth : State/Providence/Territory		_____ Country if not USA	
<p>*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. You can download the affidavit form by printing a copy at <a href="http://www.HRLA.doh.dc.gov">www.HRLA.doh.dc.gov</a></p>			

<b>SECTION 2B. OTHER NAMES USED: (Please print clearly)</b>			
Enter your legal 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 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.)

<b>SECTION 2C: RACE &amp; ETHNICITY DESIGNATION:</b>	<b>LANGUAGE(S) SPOKEN:</b>
<input type="checkbox"/> American Indian/Alaskan Native	Language(s) spoken other than English:
<input type="checkbox"/> Asian/South Asian	<input type="checkbox"/> Spanish <input type="checkbox"/> French
<input type="checkbox"/> Black or African American	<input type="checkbox"/> German <input type="checkbox"/> Arabic
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

<b>SECTION 3A. PREFERRED MAILING ADDRESS</b>
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**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 3B. 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** THIS INFORMATION WILL BE MADE AVAILABLE TO THE PUBLIC

ADDRESS: \_\_\_\_\_  
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT # \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**SECTION 3C. 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 3D. PROFESSIONAL LICENSURE IN OTHER JURISDICTIONS**

MANDATORY FIELD	JURISDICTION	ACTIVE/ NOT ACTIVE	LICENSE NUMBER
Original licensure			
Current license (if license in original jurisdiction is not active)			

**IMPORTANT CONTACT INFORMATION**

District of Columbia Health Regulation Licensing Administration  
Location: 899 North Capitol Street, N.E., 2<sup>nd</sup> Floor - Washington, D.C. 20002  
Mail: Board of Nursing – P.O. Box 37802 – Washington, D.C. 20013

Check Application Status: [www.HRLA.doh.dc.gov](http://www.HRLA.doh.dc.gov)  
HRLA Customer Service: 1-877-672-2174/[www.HRLA.doh.dc.gov](http://www.HRLA.doh.dc.gov)  
Criminal Background Check (CBC) Unit Email: [doh.cbcu@dc.gov](mailto:doh.cbcu@dc.gov)  
Board Email: [HRLAcomments@dc.gov](mailto:HRLAcomments@dc.gov)

## APPLICATION FOR LICENSURE BY ENDORSEMENT

### SECTION 4. SUPPORTING DOCUMENTS REQUIRED

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.**

Please indicate the supporting documents you have included with this package. Keep a photocopy.

- Passport-Type Photos - Two recent and identical passport-type photos of the applicant's face (approx. 2"X 2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.
- Copy of legal document supporting name change (if applicable). Acceptable documents are marriage certificates, divorce decree, court orders or spouse's death certificate.
- SSN Affidavit Form (if no SSN issued) – [www.HRLA.doh.dc.gov](http://www.HRLA.doh.dc.gov)
- Verification of licensure status must be received from original Jurisdiction and current Jurisdiction if your license in your original jurisdiction of licensure is not active.

#### Verification Options

NURSYS: Complete verification on-line at [www.nursys.com](http://www.nursys.com). Remember to select DC as the jurisdiction that will be receiving the verification. Attach a copy of your NURSYS receipt to this application.

Verification by mail: Submit your verification along with your application in a sealed envelope, as sent to you by the verifying Board of Nursing.

*Please note: A copy of your license from another jurisdiction may not be used to verify your licensure status.*

- International applicant educated outside of the US or its territories must document evidence of spoken and written competency in English by providing one of the following:
  - Graduation from a nursing program where English was the only language of instruction throughout the applicant's inclusive dates of attendance;
  - Proof of a total of twelve (12) months of full-time employment in the United States during the two (2) years immediately preceding the date of this application; or
  - Successful completion of TOEFL iBT or IELTS
- Provide a detailed explanation if you answer "Yes" to any of the questions in Section 5. Submit copies of court reports, personnel action (e.g. termination due to unsafe practice), actions taken against your license or other relevant documents.

**REMINDER: The DC Board of Nursing cannot issue an active license without the results of a criminal background check. Please refer to Section 1A of the application.**

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DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION**

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<b>SECTION 5. SCREENING QUESTIONS</b> Applicants must answer all of the following questions		
<p align="center"><b>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement</b></p> <p>Please read the information below carefully before responding to this yes or no question, as <b>any false information provided requires that the Department of Health proceed immediately to revoke your License</b> 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><b>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.</b></p> <p><b>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.</b></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"> <li>1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);</li> <li>2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);</li> <li>3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);</li> <li>4. Past due taxes;</li> <li>5. Past due District of Columbia Water and Sewer Authority service fees; or</li> <li>6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</li> </ol> <p>Information presented above is in compliance with the requirement to submit with your application for licensure under</p>		<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
A.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
B.	Do you have a mental condition that currently impairs your ability to practice your profession?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
C.	Have you ever been convicted or arrested for a crime or misdemeanor (other than a minor traffic violation)?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
D.	Have you been terminated from or resigned from a clinical or professional training program due to a practice issue?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
E.	<p>Please answer with respect to DC or any other jurisdiction/state:</p> <p>(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?</p> <p>(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?</p> <p>(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?</p> <p>(4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?</p> <p>(5) Have you voluntarily surrendered your license?</p> <p>(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>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
F.	Have you been party to a malpractice action or had a malpractice action brought against you?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<b>SECTION 6. LICENSEE AFFIDAVIT</b>		
<p><i>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.</i></p>		
_____ <b>LICENSEE SIGNATURE</b>		_____ <b>PRINT NAME</b>
_____ <b>DATE</b>		
<b>*PLEASE NOTE: PRINT AND MAIL ORIGINAL APPLICATION TO THE BOARD OF NURSING AND RETAIN A COPY FOR YOUR FILES.</b>		

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](mailto: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](http://oig.dc.gov).