



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF HEALTH
Virgin Islands Board of Nurse Licensure

P.O. Box 304247

St. Thomas, Virgin Islands 00803

Fax: (340) 777-4003

Tel: (340) 776-7397

Dear Applicant,

Enclosed please find information about the procedure required for endorsement of your nursing license so that you may practice in the United States Virgin Islands.

Note: *Your application for endorsement and processing fee will remain active for one year from the date of submission.*

Please follow the steps below to prepare your packet:

1. VERIFICATION OF LICENSURE- Choose one of the following options.

- a) Complete part one of the Verification of License Form within this package and submit it to the Board of the state in which you hold a current nursing license. When completed, the form will be directly forwarded by that Board to the Virgin Islands Board of Nurse Licensure (VIBNL).
- b) Upon instruction from the Board of the state in which you hold a current license, request licensure verification from NURSYS. If this option is chosen, proof of payment (receipt) must be included in the paperwork submitted to the VIBNL.

2. Please submit:

- a) Copy of Social Security Card.
- b) Two (2) recent passport “2x2” photos with your signature on the back of each. Staple one (1) photo to the License Verification Form or to the NURSYS verification receipt. Include the other photo with your endorsement application.
- c) One (1) of the following documents validating proof of graduation from a nursing school: copy of nursing diploma, certified letter from nursing school, official nursing school transcript (must be mailed directly from school to VIBNL).
- d) Copy of current unencumbered U.S. nursing license NOTE: This license must be active for at least ninety (90) days after the date of submission of your application for endorsement to the VIBNL.
- e) ***RN \$125.00 / PN \$100.00*** Processing fee is payable by money order or certified bank check. ***Personal Checks are not accepted***

Make Certified Checks and Money Orders payable to the:

Virgin Islands Board of Nurse License

P.O. Box 304247

St. Thomas, VI 00803

- f) Correspondence – Provide three (2) Letters of Recommendation attesting to the currency of your scope of practice, within the past five (5) years. Letters should include clear contact information, signature, and dated within three months of the application.
- g) Documents - To support any changes in name (i.e. - marriage license, divorce decree with name change) must be included.
- h) Fees - Payment of fees does not mean you will receive your license immediately. Fees are non refundable and not transferable.
- i) Foreign Educated Nurses - Must pass the Commission on Graduates of Foreign Nursing Schools Exam (CGFNS) before applying for licensure in the U.S. Virgin Islands.
- j) Canadian Licenses - Nurses with Canadian Licenses who pass the CNATS in English are required to obtain official verification from both State Board in the US and the Canadian Board of Nursing.
- k) Discipline Action - Information on your application concerning disciplinary actions against your licenses must be completed and signed before a notary public. If you have ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse, or as another healthcare professional, please include the supporting documents within your Endorsement package.
- l) Address Change - Notify the Board in writing on change of name or address.

Please Note:

Nurses must obtain license to practice nursing within the territory of the US Virgin Islands before reporting to their employment orientation. Picture Identification will be required to pick up licenses

Licenses will be available for pick up Monday through Friday, anytime from 8:30 am - 4:00 pm, once you have been notified by the Board that the license is ready for pick up.

Further information may be obtained by calling the V.I. Board of Nurse Licensure Office; Monday to Friday 9:00am – 4:00pm.

Thank you for your interest in nursing in the US Virgin Islands.

Sincerely



Cynthia V. Stapleton, CNM, RN
Chairperson, VIBNL

PLEASE ALLOW NINETY (90) BUSINESS DAYS AFTER VIBNL RECEIPT OF ALL REQUIRED DOCUMENTS FOR ENDORESMENT PROCESSING TO BE COMPLETED.

CLS, JA

Rev.09/13, 08/13, 03/13, 11/12, 07/12

Physical Address
5051 Kongens Gade Suite 1
Old Justice Complex
St. Thomas, USVI 00802-6487



Mailed On _____
Check One: RN () PN ()

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**APPLICATION FOR LICENSURE BY ENDORSEMENT FOR
REGISTERED PROFESSIONAL NURSE & LICENSED PRACTICAL NURSE**

1. Name in full _____
(Print) Last First Middle Maiden
2. Mailing Address _____ Soc. Sec# _____
3. Virgin Islands Address _____ Tel. # _____
4. Forwarding Address _____
5. Email Address _____
6. DOB _____ Birth place _____ Marital Status: S M D W
7. Are you a US citizen? _____ Give Visa Status _____
8. How would you rate your own general (physical and mental) health? _____
9. Do you have any disability that should be reported to this Board? _____
10. Were you ever issued a license to practice nursing within the Territory of the United States Virgin Islands? Yes () No ()
If yes, please provide VI license information; _____
11. EDUCATION HISTORY:
 - a) High School _____ Date of Graduation _____
 - b) Nursing School _____ Date of Graduation _____
Address of Nursing School _____
Degree Received _____
12. What year did you pass the Commission on Graduated of Foreign Nursing Schools (CGFNS) exam? _____
13. Did you pass the Canadian Nursing Association Testing Services (CNATS) exam in English?
Yes () No () Date _____

14. State, or Territory where you passed the SBTPE/NCLEX – RN / NCLEX-PN exam?
_____ Exam Date: _____
15. State of original Licensure? _____ Lic. Status _____ Exp. Date _____
16. State (s) in which you are currently licensed?
State _____ Lic# _____ Eff. Date _____ Exp. Date _____
State _____ Lic# _____ Eff. Date _____ Exp. Date _____
17. List two facilities where you worked during the last 1-2 years. Include your last date of employment
_____, the name, address & telephone# where you worked

a) Supv. Signature _____ Facility _____
Address _____ Bus. Tel. # _____
b) Supv. Signature _____ Facility _____
Address _____ Bus. Tel. # _____
18. Provide three (2) Letters of Recommendation. Letters should include clear contact information, signature, and dated within three months of the application.
19. Has there been any complaints or disciplinary action taken or pending against your professional nursing or occupational license, registration, or certification? Yes () No ()
Self Disclosure of all misdemeanors, felonies, plea agreements (even if adjudication was withheld), any substance use disorder in the last 5 years, and any actions taken or initiated against a professional or occupational license, registration, or certification is required:
20. Have you been convicted of a felony, committed any misdemeanors, or entered into a plea agreements, during the past 5 years? (even if adjudication was withheld) Yes () No ()
If yes, please forward supporting documents.
21. Name of contract Nurse Agency _____ Telephone # _____
22. Name of contract Nurse Recruiter _____ Tel. # Ext. _____
23. My signature on this application constitutes my express authorization for the Government of the US Virgin Islands, Department of Health, Board of Nurse Licensure and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in the foregoing applications. I understand that this authorization is for the express purpose of determining that I am of good character pursuant to the *Nurse Practice Act*, codified in Title 27, Chapter 1, Section 91, et seq., of the Virgin Islands Code.
YES ___ NO ___

Notary Public Seal _____
Signature _____
Date _____

(Applicant's Signature) Date

Office use only:	
_____	_____
Initial	date

Virgin Islands Board of Nurse Licensure
of
The Virgin Islands of the United States of America

Return Address:
P.O. Box 304247
St. Thomas, VI 00803

NATIONAL LICENSURE VERIFICATION FORM

APPLICANT	PART I: To be completed by the applicant and forwarded to appropriate licensing board IN THE U.S.							
	Name (Last, First, Middle/Maiden)				Previous Name (s)			
	Current Street Address				City, State, Zip			
	Date of Birth (mo/day/yr)		Social Security Number		Current License Number		Type <input type="checkbox"/> RN <input type="checkbox"/> LP/VN	State
	Name as it appears on original license (Last, First, Middle/Maiden)				Original State of Licensure			
	Original License Number		Type <input type="checkbox"/> RN <input type="checkbox"/> LP/VN		Date Issued			
	Nursing Education Program Completed				Location (city, state)		Graduation Date	
	LIST ALL OTHER STATES OF LICENSURE State: _____ License Number: _____ Date Issued: _____ State: _____ License Number: _____ Date Issued: _____ State: _____ License Number: _____ Date Issued: _____ State: _____ License Number: _____ Date Issued: _____				I hereby authorize all identified Boards of Nursing to release my licensure data to the _____ Board of Nursing. State _____ Signature _____ Date _____			
	PART II: To be completed by licensing board and forwarded to Board of Nursing listed at the top of this form.							
	This is to certify that the above named individual was issued license number _____ Date Issued _____ to practice <input type="checkbox"/> registered nursing. <input type="checkbox"/> practical/vocational nursing							
Licensed by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver		Current Licensure Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed		Expiration Date: _____				
Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? <input type="checkbox"/> Yes <input type="checkbox"/> No						Disciplinary Action Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nursing Education Program Completed		Approved by State? <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduated From <input type="checkbox"/> H.S. <input type="checkbox"/> H.S. Equivalency <input type="checkbox"/> Completion of 10th Grade				
Location (city/state)		Graduated Date						
STATE BOARD TEST POOL EXAMINATION Registered Nurse						LP/VN	NCLEX RN	LP/VN
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children			
Score								
Series/Form #								
<input type="checkbox"/> State/Provincial Constructed Exam		Score _____		Number of times applicant wrote exam.: _____		Dates: _____		
<input type="checkbox"/> CNATS Exam		Exam in English? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Other (please explain) _____								
SEAL				Signature _____ Title _____ State _____ Date _____				

LICENSE VERIFICATION (CON'T)

Description of previous Disciplinary Action (Please attach any charges/Accusations and decisions/determinations.)

REASON

PENALTY AND DATE

Reinstated: N _____ Y _____ When _____

DESCRIBE DISCIPLINARY ACTION.

ATTACH PERTINENT DOCUMENTS IF APPLICABLE

STATE BOARDS OF NURSING:

Alabama	(205) 242-4060		Missouri	(314) 751-0681
Alaska	(907) 465-2544		Montana	(406) 444-2071
American Samoa	(684) 633-1222		Nebraska	(402) 471-2115
Arizona	(602) 255-5092		Nevada	(702) 739-1575
Arkansas	(501) 686-2700		New Hampshire	(603) 271-2323
California	(916) 322-3350		New Jersey	(201) 648-2493
Colorado	(303) 894-2432		New Mexico	(505) 841-8340
Connecticut	(203) 566-1132		New York	(518) 474-3817
Delaware	(302) 739-4522		North Carolina	(919) 782-3211
District of Columbia	(202) 727-7446		North Dakota	(701) 328-2974
Florida	(904) 488-5952		North Mariana Islands	(0-11-670) 234-8950
Georgia	(404) 656-7084		Ohio	(614) 466-3947
Guam	(671) 734-2950		Oklahoma	(405) 525-2076
Hawaii	(808) 548-3086		Oregon	(503) 731-4745
Idaho	(208) 334-3110		Pennsylvania	(717) 783-7144
Illinois	(217) 785-8556		Rhode Island	(401) 277-2827
Indiana	(317) 233-4414		South Carolina	(803) 731-1648
Iowa	(515) 281-6488		South Dakota	(605) 367-6362
Kansas	(913) 296-4929		Tennessee	(615) 367-5940
Kentucky	(502) 329-7000		Texas	(512) 835-4880
Louisiana	(504) 568-5464		Utah	(801) 530-6673
Maine	(207) 624-5275		Vermont	(802) 828-2396
Maryland	(410) 585-1900		Virgin Islands	(340) 776-7397
Massachusetts	(617) 727-9967		Virginia	(804) 662-9909
Michigan	(517) 373-3877		West Virginia	(304) 348-3596
Minnesota	(612) 642-0571		Wisconsin	(608) 266-0070
Mississippi	(601) 359-6180		Wyoming	(307) 777-7601



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TO: RNs, APRNs, & LPNs

FROM: Executive Director

RE: INITIAL LICENSURE/RENEWAL INFORMATION

By signing this form I _____ license # _____

Please read and initial the item/s that applies to your nursing scope of practice.

1. Understand that my United States Virgin Islands Midwifery Certification authorizes practice only in this territory's hospitals, clinics, approved health settings, and physician's offices. _____
2. Understand that as an Advance Practice Registered Nurse (APRN), I must complete the Collaborative Agreement form provided by the Board. Practice solely as an APRN in the specialty for which I am certified in and with the healthcare organization and/or physician on this agreement. _____
3. Understand that I must not violate the Scope of Practice or Nurses Code of Ethics as an LPN/RN/APRN in the United States Virgin Islands. _____
4. Understand that I must notify the Virgin Islands Board of Nurse Licensure (VIBNL) of any change in my mailing address. _____
5. Understand that I must complete two (2) of three (3) competencies in the previous biennium in order to renew my nursing license or specialty certificate. _____
6. Understand that my employer may contact the VIBNL to verify my license. _____
7. Information on your application concerning disciplinary actions against your license/s must be completed and signed before a notary public. If you have ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse, or as another healthcare professional, please include the supporting documents within your application package. _____

Signature	Date	Witness
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Comments:

Bill No. 14-0094 Title 27-Act 4666 VI Code

Subchapter IV, Nursing

§ 91. Definitions

- a) Description of the practice of nursing – the practice of nursing as performed by a Registered Nurse” is a process in which substantial knowledge derived from biological, physical, behavioral science is applied to the assessment, planning, intervention, and evaluation of person/s who are experiencing changes in the normal life processes; or who require assistance in the maintenance and promotion of health, and in the management of illness or infirmity; or in the achievement of dignified death. The nursing process is executed directly or indirectly through acts of supervision or teaching of others. It includes the administration of medication and treatment as established by standardized protocols, or prescribed by a licensed physician or dentist. The nurse may independently initiate emergency action.

The Registered Nurse, who is credentialed in a special area in nursing practice, may perform such additional acts as are authorized by the Virgin Islands Board of Nurse Licensure (VIBNL).

- b) Description of the practice of nurse specialist – the practice of a nurse specialist means the performance of advanced or specialized nursing acts which require post basic registered nurse education and experience for which the specialist has been credentialed by a certifying body which is recognized by the board.
- c) Description of licensed practical nurse – the practice of nursing by a licensed practical nurse means the basic application of the nursing process under the direction and supervision of a registered nurse, licensed physician, and/or licensed dentist to persons who are experiencing changes in the normal life process or who require assistance in the maintenance and promotion of health and in the management of illness, injury or infirmity, or in the achievement of dignified death. The licensed practical nurse executes such acts as the administration of medication and treatment as established by standardized protocol, or prescribed by a licensed physician or dentist. In addition, the licensed practical nurse may initiate emergency action if specifically prepared and authorized.