

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION



## LICENSURE BY EXAMINATION REGISTERED NURSING AND 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

Except for the examination scheduling form and examination fee, documents should be sent to the following address:

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

### **To sit for NCLEX you must have AUTHORIZATION TO TEST (ATT)**

In order to receive your ATT, you must pay PearsonVue \$200.00. You can register:

**Internet registration:** [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex)

**Mail registration:** [NCLEX Operations, PO Box 64950, St. Paul, MN 55164-0950.](mailto:NCLEX_Operations@pearsonvue.com)

Make your certified check, cashier's check or money order payable to [NCSBN](http://www.ncsbn.org)

**Phone registration:** [1-866-49NCLEX](tel:1-866-49NCLEX)

Visit [www.ncsgn.org](http://www.ncsgn.org) for registration information, third-party payments and testing accommodations.

### **MISSED DATE SCHEDULED TO SIT FOR NCLEX**

If you are unable to sit for examination on the date scheduled you will need to reapply to sit for examination with NCLEX only. You will not be required to submit another application to the Board of Nursing unless you have failed the examination or your application was submitted more than 1 year ago.

# COMPLETING THE LICENSE APPLICATION

**Your application and 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.**

## **SECTION 1. LICENSURE FEES**

### **FEES**

Please enclose check or money order made payable to DC Treasurer.

### **LICENSURE BY RE-EXAMINATION:**

**NCLEX-PN Re-examination** if you completed your nursing program more than (1) year ago attach proof of completing one of the following:

NCLEX review course

Individual tutoring

Work with faculty member to focus on deficits

### **NCLEX RN Re-Examination:**

If you have not yet taken or passed the NCLEX-RN examination three (3) years after the date you became eligible to sit for the exam, you shall complete an additional education program leading to a degree in registered nursing approved by the Board and provide proof of having completed the program in order to be eligible to sit for the next available NCLEX-RN examination.

### **APPLICATION FEE:**

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. Checks or money orders should be made payable to DC Treasurer and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed.

### **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

### **APPLICANT NAME / DEMOGRAPHIC INFORMATION**

Enter your name exactly as it appears on your government issued identification [US drivers license, US state identification, passport, US military identification].

### **SOCIAL SECURITY NUMBER**

International applicants: Please provide a Social Security Number. A Tax ID Number will not be accepted in lieu of a Social Security Number. If you don't currently have a social security number you must submit the attached "Affidavit in Support of Licensure."

## **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.

## **NURSING SCHOOLS ATTENDED: MANDATORY FIELD**

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

## **DOCUMENTS REQUIRED**

### **PASSPORT PICTURE**

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

### **OFFICIAL TRANSCRIPT**

An Official Transcript must be *received indicating date the degree was conferred or date of graduation*. Official transcript (with seal) from the applicant's school of nursing in a sealed envelope.

### **LETTER OF RECOMMENDATION FROM NURSE ADMINISTRATOR** (if \*transcript is not provided)

If official transcript has not been issued applicants may submit a letter of recommendation from the Nurse Administrator of their nursing program, school or college. The letter must accompany the application in a sealed envelope.

**Please note: Applicant will not be licensed until the official transcript is received indicating date the degree was conferred or date of graduation.**

### **INTERNATIONAL APPLICANTS - CGFNS CERTIFICATION**

Graduates of nursing schools which are not located in the United States or Canada must submit an official CGFNS certificate. No copies accepted.

## **CONTACT CGFNS TO APPLY FOR CGFNS CERTIFICATION:**

**Website:** [www.cgfns.com](http://www.cgfns.com)

**Mailing Address:** Commission on Graduates of Foreign Nursing Schools (CGFNS)  
3624 Market Street  
Philadelphia, PA 19104  
(215) 349-8767

**Cable address:** CGFNS, Philadelphia, Pennsylvania USA

### **CRIMINAL BACKGROUND CHECK (CBC)**

Completed by DC Metropolitan Police will automatically be forwarded to the Board

Completed outside of DC, in another jurisdiction/state. **Attach receipt as evidence of CBC** and send fingerprints/scan to FBI [Go to [doh.cbcbu@dc.gov](mailto:doh.cbcbu@dc.gov)] for additional information]

### **REQUEST FOR SPECIAL ACCOMMODATIONS**

If you are requesting special accommodations to sit for NCLEX, provide the following information:

- Identify the accommodations being requested
- Submit a letter from the appropriate health professional which confirms the disability, and provides information describing the accommodations required
- Submit a letter from your education program, indicating modifications granted by the program

**SCREENING QUESTIONS**

If you answer “yes” to questions A through F, 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.

**PLEASE NOTE: If you have been convicted of a crime or have had actions taken against your license, provide official documentation which details the outcome or current status of the case.**

**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.

**SUMMARY OF APPLICATION REQUIREMENTS**

The following chart shows the application submission requirements for application examination. 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.

License Type	Application Method	Signed Application	Two 2" x 2" Photos	Nursing School Transcript	Nurse Administrator Letter of Recommendation *	CGFNS Certificate**	Check or Money Order***
RN/LPN	Examination	X	X	X	X	X	\$187
	Re-examination	X	O	O	O	O	\$85

X = Required  
O = Not required

\* If transcript is not provided

\*\* International applicants only

\*\*\*. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

# FREQUENTLY ASKED QUESTIONS

## APPLICATION PROCESSING

### When am I made “Eligible for Licensure by Examination?”

In order to be made eligible to test the following must be received to the board office:

- Application for license by examination and \$187.00 fee payable to the DC Treasurer
- Official transcripts from nursing program with the degree posted
- Registration from NCLEX Candidates Services for testing (\$200.00 fee required)

### How can I check the status of my application?

You can check the status of your licensure application online. Go to <http://doh.dc.gov/service/health-professionals> 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](#) --- then 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.

After you are licensed 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 <http://doh.dc.gov/service/health-professionals> and click on Online Professional Licensure Search.

## SCHEDULING TO TEST

### When can I schedule my appointment?

An Authorization to Test (ATT) is required to schedule your appointment. Once you've been made eligible for licensure by examination by the Board of Nursing, your ATT will be e-mailed to you by Pearson Vue if you provided an e-mail address when you registered, or it will be mailed to you if you did not provide an e-mail address.

### How long is the ATT valid?

The authorization to test is valid for ninety (90) days.

### How soon will I be able to test?

You are guaranteed to be offered a testing date within thirty (30) days of the time you call the Pearson Test Center. If the test center offers a date within the 30 days and you decline that date, the test center has met their contractual obligation.

### What happens if I need to reschedule?

If you need to change your appointment, you must contact NCLEX Candidate Services at least one full business day (24 hours) prior to your scheduled appointment.

### Is there a practice test?

Yes, there is a tutorial available on the test vendor Web site at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex)

## OBTAINING NCLEX RESULTS

### How soon will my results be available?

Your unofficial examination results are available through NCLEX Quick Results Service offered by the test service. There is a \$7.95 fee via the internet at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex) or \$9.95 fee for the use of this service at 1-900-776-2539.

The examination results are mailed to you from the Board office within seven days of your testing. **DO NOT CALL** the Board office for your test results, as we are unable to release them over the phone or to your employer. If you pass, you will receive a license to practice as a nurse.

### **Can I find out if I passed or failed using the Board's Web site?**

You can access the Board's Web site (<http://app.hpla.doh.dc.gov/weblookup/>) to see if a license has been issued. If a license is not showing for you, it does not necessarily mean that you've failed. It is possible that a license has not yet been issued for you. After the results have been processed, the license verification site will show a license number if you passed or re-examination eligible if you failed. **DO NOT CALL** the Board office for confirmation; we cannot release pass/fail results by phone.

### **What if I fail?**

If you fail, you will receive a diagnostic profile of your areas of weakness and the required documents to submit for retesting. You are able to retest 45 days after your original test date. The retesting materials can be submitted prior to that date for processing.

### **How soon after the test will I be issued my license?**

The Board office makes every effort to issue licenses within five business days of your testing.

## **CHANGE OF NAME OR ADDRESS**

### **What do I do if I have an address change?**

Requests for address change should be made via fax to 202-724-8471 or letter sent to HRLA at the address found below. You should know that you are required by regulation to report all changes of your 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. Without an updated address, you may not receive your renewal notice.

### **What do I do if I have a name change?**

You must submit a copy of a legal document supporting name change. Acceptable documents are marriage certificates, divorce decrees, court orders or spouse's death certificate.

## **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 and signed 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 be valid?**

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

## **WHEN WILL MY LICENSE EXPIRE?**

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.

## **ARE THERE CONTINUING EDUCATION REQUIREMENTS?**

**Yes, there are CE requirements for renewal. [Not a requirement for first time renewal.] They are as follows.**

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 course or educational offering approved by the board or a board approved accrediting body. Applicants may receive four (4) CEs for each approved contact hour. (This is not an option for nurses required to develop and teaching continuing 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.

*PLEASE NOTE: The continuing education must be relevant to your current field of practice.*

## **CONTACT INFORMATON**

### **Location**

Department of Health  
Health Regulation & Licensing Administration  
Board of Nursing  
899 North Capitol Street, NE; First Floor  
Washington, DC 20002

### **HRLA Customer Service**

Monday through Friday 8:30 am to 4:30 pm EST  
**(202) 724-7335 or (877)-672-2174**

**Check Application Status:** to <http://doh.dc.gov/service/health-professionals>

**Website:** to <http://doh.dc.gov/service/health-professionals>

**Email:** [hplacommments@dc.gov](mailto:hplacommments@dc.gov)