**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS**

**DEPARTMENT OF HEALTH**

**Virgin Islands Board of Nurse Licensure**P.O. Box 304247, St. Thomas, US Virgin Islands 00803

Temporary Telephone #: (340) 774-7477 ext. 5697 or 5681

**Memo:**

**To:** **Licensed Practical Nurses (LPN)**

**From: Ophelia Powell-Torres, VIBNL**

**Date: August 2020**

**Re:** **Renewal Registration for LPN Licenses**

**All nurses are responsible for the biannual renewal of nursing registration licenses/certificates. It is a violation of the V.I. Code to work without a current Registration Certificate (License).** See Lapsed Registration below for further information.

**Please Note: Self disclosure is required for all misdemeanors, felonies, plea agreements (even if adjudication was withheld), and any substance abuse disorder within the last five (5) years. Self-disclosure must include any actions taken or initiated against a professional or occupational license, registration, or certification.**

Renewal applications for the Registration Certificates for the 2021-2022 biennium will be mailed. They are also available to download from the VIBNL website www.doh.vi.gov or for pick up from the office of the Virgin Islands Board of Nurse Licensure (VIBNL) temporarily located on the 2nd floor of Roy L Schneider Medical Center. Completed renewal packets may be mailed or submitted directly to the VIBNL office upon completion of stipulated requirements for renewal. Note: Please ensure that all renewal requirements have been met to prevent a delay in processing.

**Application Deadline:** Although current biennium Registration Certificates do not expire until December 31st, 2020, to ensure receipt of your 2021-2022 Registration Card, renewal applications should be received by the VIBNL, no later than **October 31, 2020.** This allows adequate time for the VIBNL to complete administrative review, issue, and mail your Registration Certificate prior to December 31st, 2020. Registration Certificates for the 2020-2022 may not be processed by January 1st, 2021 if applications are received by the VIBNL after October 31, 2020. **Registration Certificates for the 2021-2022 biennium may not be able to be processed by January 1st, 2021 if renewal applications are received by the VIBNL after October 31, 2020.**

**Note: Signature and date must be included on all renewal forms or the application will be considered incomplete and will not be processed***.*

**Registration Fee:** The fee for renewal of Registration Certificates/Licenses is as follows:

* LPN Active Status - $100.00
* LPN Inactive Status - $15.00
* Lapsed fee: - $200.00 (in addition to renewal of Active Status.)
* Inactive Lapsed Fee: $30.00 (must be current in the previous biennium).

Fees are payable by money order or certified bank check **ONLY**. **Personal checks will not be accepted**. **Make certified checks and money orders payable to: Virgin Islands Board of Nurse Licensure.**

**Continued Competency:** The requirements for continued competency for renewal of a registration certificate include C**ompletion of TWO of the following.**

1. **LPN: Fifteen (15) contact hours of continuing education.** 1.5 hours of these hours MUST be related to the prevention of medication errors. The 15 contact hours may be obtained online, by attending workshops, or through individual study (e.g. certification preparation).
2. **The Continuing Education Form:** should include: **name of course/program, provider number, date and location of participation and number of CEUs earned**. and submitted with the renewal application. Certificates of Completion **SHOULD NOT BE SUBMITTED** with the renewal application. Random file audits will be conducted and those

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licensees whose files are audited, will be required to produce hard copies of Certificates of Completion for all contact hours listed on the renewal form. Failure to produce Certificates of Completion may result in disciplinary action.

1. **Three hundred twenty (320) hours of active nursing practice** in the previous biennium which must be certified by supervisor or designee on the Employer Verification section of the renewal form.

# “or”

**4. Participation in fifteen (15) hours of approved professional activities** documented and *certified by supervisor, client or manager of the activity, or organization on the* **Professional Activity Form** obtainable from the VIBNL. *Note: This activity may be utilized by those nurses who hold an active license but have been unable to fulfill the “active nursing practice” requirement.*

**Lapsed Registration -Active Status:** Completed renewal applications and payment dated or postmarked after December 31, 2020 will be considered **LAPSED** and applicants renewing an active license will incur a penalty fee of $200.00 in addition to the renewal fee of $100.00 payable by money order or certified check only to reactivate their license.

**Lapsed Registration -Inactive Status:** Completed inactive Registration Certificate (license) renewal applications and payment dated or postmarked after December 31, 2020 will be considered **LAPSED** and applicants applying for or renewing an inactive license will incur a penalty fee of $30.00 in addition to the $15.00 inactive fee payable by money order or certified check only. The $30.00 fee applies only to licenses that were current in the previous biennium.

**Official Verification: Lapsed & Inactive applicants who are not currently working within the territory of the US**

**Virgin Islands** are required to submit a copy of an active unencumbered LPN license that is valid for at least ninety (90) days from the date on the renewal application with the renewal application. Official Verification is obtainable at www.nursys.com.

**Refresher Courses:** Nurses who have not practiced nursing during the last five (5) years must complete a one-hundred and sixty (160) hour **refresher** course **pre-approved** by the VIBNL. The course must include both didactic and clinical practice hours. *Nurses, who have not practiced in ten (10) years, must complete the process required for initial licensure/certification registration.* Please contact the VIBNL for details.

**New Graduates:** Nurses who graduated and received their initial license during the prior biennium are not required to complete the continuing education requirements for renewal. Nursing courses taken during this period must be listed on the CEU form and a copy of the degree earned or a transcript validating courses completed must be included.

**Name/Address Change:** The VIBNL must be notified immediately **in writing** of any change in name and must include official supporting documentation (e.g. marriage license, divorce decree, etc.). The VIBNL must be notified immediately **in**

**writing** of any change in mailing address, email address or telephone number.

**Communication:** Should you have questions, need clarification, or directions to the office of the VIBNL, please do not hesitate to contact the Board staff. We are committed to keeping you informed about the renewal of your registration.

**Our mailing address is**: Virgin Islands Board of Nurse Licensure: P.O. Box 304247, St. Thomas, US Virgin Islands 00803

**Our temporary phone number is**: (340) 774-7477 Ext. 5697 or 5677 OR 5673 or Cell Phone (340) 690-9326

**Our email is:** [m.tijah.jackson@doh.vi.gov](mailto:m.tijah.jackson@doh.vi.gov) or [aisle.hughes@doh.vi.gov](mailto:aisle.hughes@doh.vi.gov)

**Office Hours:** Business office hours of the VIBNL are Monday-Friday, 8:30 am - 4:00 pm. The Board’s office will be closed to the public for end-of-year reconciliation from December 17th, 2020 through December 31st, 2020 and will reopen on January 4th 2021.

**\*\*\*DUE TO THE COVID PANDEMIC WE HAVE LIMITED OFFICE HOURS. PLEASE CONTACT US FOR AT THE ABOVE TELEPHONE NUMBERS.**

Sincerely,

The Virgin Islands Board of Nurse Licensure

Rev. 07/2018

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| Renewal Fee: APRN $150.00  RN $125.00 / LPN $100.00  Inactive Fee: $15.00 Additional Lapsed Fee:  Active Status $200.00  Inactive Status $30.00 |

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**DEPARTMENT OF HEALTH**

**Virgin Islands Board of Nurse Licensure**

P.O. Box 304247 St. Thomas, Virgin Islands 00803

Temporary Tel: (340) 774-7477 ext. 5697 / 5681

**APPLICATION FOR RENEWAL REGISTRATION TO PRACTICE AS A LICENSED PRACTICAL NURSE /REGISTERED NURSE/ ADVANCED PRACTICE REGISTERED NURSE**

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| **VI License # \_\_\_\_\_\_\_**  LPN RN APRN  **Social Security # \_\_\_-\_\_\_-\_\_\_\_**  **Date of Birth \_\_\_/\_\_\_/\_\_\_**  **Gender\_\_\_\_\_\_\_\_\_\_\_\_** | **□ Please check this box if your information has changed since your last renewal.**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  Last Name First Name Middle Initial Maiden Name  **Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_**  Street or PO Box City State ZIP or Postal Code |
| **Marital Status:**  **US Citizen:**  S M D WYES / NO | **Tel # (\_\_\_) \_\_\_-\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_\_**  **Cell Home Work**  **E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Highest Level of Education (undergraduate/graduate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Please indicate major or degree earned)** |
| **Employment Status**  **(Please Circle One)** | **Employment – Principal Field Employment - Current Position**  **(Please Circle One) (Please Circle One)** |
| 1. Full Time 2. Part Time  3. Unemployed  **Employment - Location**   1. In Territory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (Island)   1. Out of Territory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (State) | 1. Hospital 7. Occupational Health 1. Administrator/ Assistant Administrator 2. Long Term Care 8. Medical/Dental Office 2. Chairperson/Vice-chairperson 3. School of Nursing 9. Community Health 3. Professor/ Instructor 4. Private Duty/Home Health 10. Telehealth 4. Supervisor/Clinical Care Coordinator 5. Head Nurse/Assistant Head Nurse 6. School Nurse 11. Self-Employed 7. Advanced Practice Registered Nurse 8. Hospice Care 12. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Registered Nurse      1. Licensed Practical Nurse 2. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Have there been any complaints or disciplinary actions taken or pending against your professional nursing or occupational license, registration, or certification? Yes ( ) No ( )

If Yes, Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please attach explanation and supporting documents.

***Disclosure is required by submission of a separate document, of ALL misdemeanors, felonies, plea agreements (even if adjudication was withheld), and any actions taken or initiated against a professional or occupational license, registration, or certification and/or any substance use disorder within the last five (5) years.***

**FAILURE TO DISCLOSE INFORMATION WILL RESULT IN DENIAL OF LICENSE RENEWAL**

***My signature on this application certifies to the best of my knowledge and belief that all the information I have provided on this form and in any accompanying document(s) is true, accurate and complete.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/ \_\_\_/ \_\_\_

**SIGNATURE DATE**

**Employers, please complete the following:**

**My signature confirms that the above licensee worked at least 320 hours within the last biennium as an APRN / RN / LPN**

**(Circle One)**

**Please provide supporting documentation for the reason employee did not work at least 320 hours within the last biennium.**

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| **OFFICE USE**  **Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Renew**  **Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Do Not Renew \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Board Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Name of Facility/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did the position require the employee to hold a current APRN/RN/LPN license? \_\_\_Yes \_\_\_No**

**Verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor/Clinical Care Coordinator, Human Resources Manager, Nurse Recruiter**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**(PRINT NAME)**

***Rev.7.2018***

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**DEPARTMENT OF HEALTH**

**Virgin Islands Board of Nurse Licensure**

P.O. Box 304247 St. Thomas, Virgin Islands 00803 Temporary Tel: (340) 774-7477 ext. 5697 / 5681

***CONTINUING EDUCATION RECORD***

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ VI License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last First Middle Initial Maiden APRN RN LPN**

**E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel #:** (\_\_\_) \_\_\_-\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_\_

**Cell Home Work**

**In compliance with the Nurse Practice Act(#4666 Section 415 Title 3 – Virgin Islands Code Subchapter IV, Bill # 14-0094), the Virgin Islands Board of Nurse Licensure (VIBNL)requires documentation of continuing education related to NURSING or HEALTH seminars / activities as follows:**

* 30 Continuing Education Units (CEUs) minimum for Advanced Practice Registered Nurses (APRN)
* 15 CEUs minimum for Registered Nurses (RN) and Licensed Practical Nurses (LPN)
* 1.5 hours related to the prevention of medication errors are required for all APRNs, RNs, and LPNs.  1.5 hours in HIV/AIDS education are recommended. The VIBNL recognizes these courses as follows:
* Basic CPR = 3 CEUs, Basic Cardiac Life Support (BCLS) = 3 CEUs
* Pediatric Advanced Life Support (PALS) and Advanced Cardiovascular Life Support = 5 CEUs
* Any Nursing or Health related college credit\* completed within the biennium will be honored using the following equation: # of course credits x length of course (in weeks)

\*Copy of transcript must be submitted. Example: 3 credits x 15 weeks = 45 CEUs

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| **OFFICE USE ONLY**  **Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Review Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ A=Approved D=Disapproved AU=Audited** |

Certificates of Completion **SHOULD NOT BE SUBMITTED** with the renewal application. Random file audits will be conducted and those licensees whose files are audited, will be required to produce hard copies of Certificates of Completion for all contact hours listed on the renewal form. Failure to produce Certificates of Completion may result in disciplinary action.

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| --- | --- | --- | --- | --- | --- |
| **NAME OF CEU OFFERING** | **COMPLETE NAME OF**  **ORGANIZATION OR INSTRUCTOR**  **CONDUCTING THE COURSE** | **PROVIDER NUMBER** | **LOCATION**  (HOME STUDY, LOCALLY,  NATIONALLY) | **DATES OF CEU OFFERING**  **(MM/DD/YYYY)** | **NUMBER OF**  **CONTACT**  **HOURS**  **EARNED** |
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|  |  |  | **TOTAL NUMBER OF CEUS REPORTED:** | |  |

***I understand that my application will not be processed or approved for renewal until it is complete.***

***The Virgin Islands Board of Nurse Licensure will randomly conduct audits of applicant registration information reported on these forms during each renewal biennium.***

***I hereby affirm and declare that the above information is true, accurate, and complete and that any fraudulent entry will be cause for denial of renewal and may result in disciplinary action.***

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature Date***

Rev. 07/18



