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) Proof 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 two (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, nursing affiliation, signature, and dated within three months of the application.

g) **Fees** - Payment of fees does not mean you will receive your license immediately. Fees are non-refundable and not transferable.

h) **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.

i) **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.

j) **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.

k) **Name/Address Change** - Notify the Board in writing of change of name, address, or telephone number. Please include official supporting documentation of name change (e.g. marriage license, divorce decree...).

**Please Note:**

Nurses must obtain a license to practice nursing within the territory of the US Virgin Islands before reporting to their employment orientation.

Please notify the VIBNL in writing if you intend to pick up your Licensure Registration Card. Picture Identification will be required to pick up licenses. Licenses will be available for pick up Monday through Friday, from 8:30am to 4:00 pm.

Further information may be obtained by calling the Virgin Islands Board of Nurse Licensure during office hours.

Office hours are Monday through Friday, from 8:30am to 4:00pm.

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

Sincerely
Chairperson, VIBNL

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

Cc: Board File
Rev. 05/2014
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________________________
VIBNL RN/LPN Endorsement Application

LICENSURE HISTORY:

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 two (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                                     (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

## NATIONAL Licensure VERIFICATION FORM

### PART I: To be completed by the applicant and forwarded to appropriate licensing board

<table>
<thead>
<tr>
<th>Name (Last, First, Middle/Maiden)</th>
<th>Previous Name (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Street Address</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Date of Birth (mo/day/yr)</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Name as it appears on original license (Last, First, Middle/Maiden)</td>
<td>Current License Number</td>
</tr>
<tr>
<td>Original License Number</td>
<td>Type □ RN □ LP/VN</td>
</tr>
<tr>
<td>Nursing Education Program Completed</td>
<td>Date Issued</td>
</tr>
<tr>
<td>Location (city/state)</td>
<td>Graduation Date</td>
</tr>
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</table>

**LIST ALL OTHER STATES OF LICENSURE**

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>Date Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby authorize all identified Boards of Nursing to release my licensure data to the ________ Board of Nursing, State

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### 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 □ registered nursing □ practical/vocational nursing

Licensed by: □ Examination □ Waiver

Current Licensure Status: □ Active □ Inactive □ Lapsed

Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? □ Yes □ No

Explain yes responses on the reverse side.

Disciplinary Action Pending? □ Yes □ No

Nursing Education Program Completed □ Yes □ No

Graduated From □ H.S. □ H.S. Equivalency □ Completion of 10th Grade

Graduated Date

<table>
<thead>
<tr>
<th>Location (city/state)</th>
<th>Graduated Date</th>
</tr>
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<tbody>
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**STATE BOARD TEST POOL EXAMINATION**

<table>
<thead>
<tr>
<th>Registered Nurse</th>
<th>LP/VN</th>
<th>NCLEX</th>
</tr>
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<tbody>
<tr>
<td>Medical Nursing</td>
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<td>Obstetric Nursing</td>
<td></td>
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<tr>
<td>Surgical Nursing</td>
<td></td>
<td></td>
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<tr>
<td>Nursing of Children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Series/Form #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ State/Provincial Constructed Exam □ CNATS Exam □ Other (please explain)

Score Number of times applicant wrote exam: ________ Dates:

Exam in English? □ Yes □ No

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>State</th>
<th>Date</th>
</tr>
</thead>
</table>

SEAL
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:

<table>
<thead>
<tr>
<th>State</th>
<th>Phone</th>
<th>State</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>(205) 242-4060</td>
<td>Missouri</td>
<td>(314) 751-0681</td>
</tr>
<tr>
<td>Alaska</td>
<td>(907) 465-2544</td>
<td>Montana</td>
<td>(406) 444-2071</td>
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<tr>
<td>American Samoa</td>
<td>(684) 633-1222</td>
<td>Nebraska</td>
<td>(402) 471-2115</td>
</tr>
<tr>
<td>Arizona</td>
<td>(602) 255-5092</td>
<td>Nevada</td>
<td>(702) 739-1575</td>
</tr>
<tr>
<td>Arkansas</td>
<td>(501) 686-2700</td>
<td>New Hampshire</td>
<td>(603) 271-2323</td>
</tr>
<tr>
<td>California</td>
<td>(916) 322-3350</td>
<td>New Jersey</td>
<td>(201) 648-2493</td>
</tr>
<tr>
<td>Colorado</td>
<td>(303) 894-2432</td>
<td>New Mexico</td>
<td>(505) 841-8340</td>
</tr>
<tr>
<td>Connecticut</td>
<td>(203) 566-1132</td>
<td>New York</td>
<td>(518) 474-3817</td>
</tr>
<tr>
<td>Delaware</td>
<td>(302) 739-4522</td>
<td>North Carolina</td>
<td>(919) 782-3211</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>(202) 727-7446</td>
<td>North Dakota</td>
<td>(701) 328-2974</td>
</tr>
<tr>
<td>Florida</td>
<td>(904) 485-5952</td>
<td>North Mariana Islands</td>
<td>(0-11-670) 234-8950</td>
</tr>
<tr>
<td>Georgia</td>
<td>(404) 656-7084</td>
<td>Ohio</td>
<td>(614) 466-3947</td>
</tr>
<tr>
<td>Guam</td>
<td>(671) 734-2950</td>
<td>Oklahoma</td>
<td>(405) 525-2076</td>
</tr>
<tr>
<td>Hawaii</td>
<td>(808) 548-3086</td>
<td>Oregon</td>
<td>(503) 731-4745</td>
</tr>
<tr>
<td>Idaho</td>
<td>(208) 334-3110</td>
<td>Pennsylvania</td>
<td>(717) 783-7144</td>
</tr>
<tr>
<td>Illinois</td>
<td>(217) 785-8556</td>
<td>Rhode Island</td>
<td>(401) 277-2827</td>
</tr>
<tr>
<td>Indiana</td>
<td>(317) 233-4414</td>
<td>South Carolina</td>
<td>(803) 731-1648</td>
</tr>
<tr>
<td>Iowa</td>
<td>(515) 281-6488</td>
<td>South Dakota</td>
<td>(605) 367-6362</td>
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<tr>
<td>Kansas</td>
<td>(913) 296-4929</td>
<td>Tennessee</td>
<td>(615) 367-5940</td>
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<tr>
<td>Kentucky</td>
<td>(502) 329-7000</td>
<td>Texas</td>
<td>(512) 835-4880</td>
</tr>
<tr>
<td>Louisiana</td>
<td>(504) 568-5464</td>
<td>Utah</td>
<td>(801) 530-6673</td>
</tr>
<tr>
<td>Maine</td>
<td>(207) 624-5275</td>
<td>Vermont</td>
<td>(802) 828-2396</td>
</tr>
<tr>
<td>Maryland</td>
<td>(410) 585-1900</td>
<td>Virgin Islands</td>
<td>(340) 776-7397</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>(617) 727-9967</td>
<td>Virginia</td>
<td>(804) 662-9909</td>
</tr>
<tr>
<td>Michigan</td>
<td>(517) 373-3877</td>
<td>West Virginia</td>
<td>(304) 348-3596</td>
</tr>
<tr>
<td>Minnesota</td>
<td>(612) 642-0571</td>
<td>Wisconsin</td>
<td>(608) 266-0070</td>
</tr>
<tr>
<td>Mississippi</td>
<td>(601) 359-6180</td>
<td>Wyoming</td>
<td>(307) 777-7601</td>
</tr>
</tbody>
</table>
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

Comments:

Cc: Board File
Rev. 10/05, 11/13
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.