



GOVERNMENT OF THE UNITED STATES VIRGIN ISLAND

BOARD OF NURSE LICENSURE  
P.O. Box 304247  
St. Thomas, Virgin Islands 00803  
9150 Estate Thomas, Suite 206, St. Thomas, VI 00802  
(340) 249-0684 or (340) 690-9326

Mailed On \_\_\_\_\_  
Check One: LPN ( )

**APPLICATION FOR LICENSURE BY ENDORSEMENT FOR 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 \_\_\_\_\_ Birthplace \_\_\_\_\_ 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 \_\_\_\_\_

**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 agreement, 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

Date

**Office use only:**

\_\_\_\_\_  
**Initial**

\_\_\_\_\_  
**Date**



GOVERNMENT OF THE UNITED STATES VIRGIN ISLAND

BOARD OF NURSE LICENSURE

P.O. Box 304247

St. Thomas, Virgin Islands 00803

9150 Estate Thomas, Suite 206, St. Thomas, VI 00802

(340) 249-0684 or (340) 690-9326

**MEMO**

**TO:** Licensed Practical Nurse

**FROM:** Virgin Island Board of Nurse Licensure

**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: \_\_\_\_\_

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.

