GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
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DEPARTMENT OF HEALTH
Virgin Islands Board of Nurse Licensure
P.O. Box 304247
Tel: (340) 249-0684 St. Thomas, Virgin Islands 00803 Cell: (340) 690-9326

Dear Advance Practice Applicant,

In response to your request for an endorsement application to practice as an Advanced Practice Registered Nurse (APRN) - Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Nurse Midwife, Clinical Nurse Specialist, or Nurse Practitioner, the Virgin Islands Board of Nurse Licensure (VIBNL), request the following documents for review:

Applicants recently certified by a National Certifying Organization and holding a current unencumbered Registered Nurse license for the territory of the US Virgin Islands are required to complete numbers 1-11.

Please complete and submit the following:

1) A notarized APRN Endorsement Application.

2) Proof of Social Security Card.

3) Two “2X2" passport type quality photographs. Please print and sign your name on the back.

4) A current unencumbered license as a Registered Nurse in the United States Virgin Islands that is not expiring within 90 days from the date of your application.

5) A legible copy of your diploma or official transcript from a VIBNL approved undergraduate nursing program.

6) A legible copy of your certificate or diploma and official transcript from a VIBNL approved advanced practice nursing specialty program.

7) A current unencumbered specialty certificate or license to practice in the U.S., U.K.C.C., or designated islands in the Caribbean that is not expiring within 90 days from the date of submission of your application.

8) Official Verification of a current certification in one of the following advanced practice categories: ACNM, AANA, NAACOG, ANCC, UKCC, ANA, etc. from the national organization which issued the certification.

9) An affidavit with official documentation indicating any name change, if applicable (marriage license, divorce decree, etc).

10) A complete copy of a Collaborative Agreement with a physician or the institution where you will be employed within the United States Virgin Islands.

11) Preceptorship agreement with a Physician or Advance Practice Registered Nurse in the area of your specialty if practice is less than five (5) years.

Applicants currently practicing in an advanced practice role, in addition to items 1-11, please complete and submit the following:

12) Official Verification from Board of Nursing or Nursys of an RN & APRN scope of practice that will not expire 90 days from the date on your application.

13) Documentation of the places and dates of employment in which you functioned in your advanced practice specialty role within the past five (5) years.

14) Three (3) letters of recommendation attesting to currency of your specialty practice, (within the past five (5) years). Letters should include clear contact information, signature, and must be dated within three (3) months of the application.

15) Registration Fee: 150.00
Fees are payable by money order, certified bank check. Personal checks will not be accepted.
Note: *Make certified checks and money orders payable to:*
Virgin Islands Board of Nurse License (VIBNL),
P.O. Box 304247, St. Thomas, VI 00803

FOREIGN TRAINED APPLICANTS:

For Foreign Graduate Nurses currently practicing in an advanced practice role, in addition to items 1-15, please submit the following:

1. Proof of having passed NCLEX-RN/SBTPE
2. Official Transcripts from the nurse specialty program, in English.
3. Official CGFNS Certificate/Report

PRESCRIPTIVE AUTHORITY:

In order for Prescriptive Authority to be designated on your USVI APRN license you must provide evidence of **ONE** of the following to the Board:

1. Documentation of current Prescriptive Authority from another state
2. Documentation of completion of an approved pharmacology course (minimum 30 contact hours) within the preceding two years
3. Documentation of a pharmacology course (minimum 30 contact hours) within your APRN educational program.
4. If applicable, documentation of a current DEA number

PLEASE ALLOW NINETY (90) BUSINESS DAYS AFTER VIBNL RECEIPT OF ALL REQUIRED DOCUMENTS FOR THE PROCESS OF YOUR APPLICATION TO BE COMPLETED.

Please Note:

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 endorsement package.

Self-disclosure of all misdemeanours, felonies, plea agreements (even if adjudication was withheld), any substance use disorder in the last five (5) years, and any actions taken or initiated against a professional or occupational license, registration, or certification is required. Failure to do so may result in a disciplinary action by the VIBNL.

Office Hours: Business office hours of the VIBNL are Monday-Friday, 8:30 am - 4:00 pm. 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.

Communication: Should you have questions, need clarification, or require directions to the office of the VIBNL, please do not hesitate to contact the Board staff. We are committed to keeping you informed. Our numbers are Phone: (340)249-0684 cell: (340)690-9326.
Thank you for your interest in nursing in the US Virgin Islands.

Sincerely,
Virgin Islands Board of Nurse Licensure

Physical Address
Medical Foundation Building
9150 Estate Thomas Suite 206 1
St. Thomas VI 00802

Check One
CRNA ( ), CNM ( ), CM ( ), NM ( ) NP ( )
other ( )_____

GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

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DEPARTMENT OF HEALTH

Virgin Islands Board of Nurse Licensure

P.O. Box 304247
Tel: (340) 249-0684 St. Thomas, Virgin Islands 00803 cell: (340) 690-9326

Endorsement Application for Advance Practice Registered Nurse (APRN)

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: _____

EDUCATION HISTORY:

11. Nursing Undergraduate Program _____ Grad. Date _____
    Address of Nursing School _____
    Circle One*:* Dip., ASN, ADN, BSN
12. Advance Practice Nursing Program _____ Grad. Date _____
    Address of Nursing School _____
    Master's degree in _____Grad. Date _____
    Certifying Organization _____

13. What year did you pass the Commission on Graduated of Foreign Nursing Schools (CGFNS) exam? _____

14. Did you pass the Canadian Nursing Association Testing Services (CNATS) exam in English?

    Yes ( ) No ( ) Date _____

LICENSURE HISTORY:

15. State, or Territory where you passed the SBTPE/NCLEX – RN/NCLEX-PN exam? _____ Exam Date: _____

16. State of original licensure _____ Lic. Status _____ Exp. Date _____

17. State(s) in which you are currently licensed:
    State _____ Lic# _____ Eff. Date _____ Exp. Date _____ State
    _____ Lic# _____ Eff. Date _____ Exp. Date _____

18. State(s) in which you are currently APRN Certified:
    State _____ Lic# _____ Eff. Date _____ Exp. Date _____
    State _____ Lic# _____ Eff. Date _____ Exp. Date _____

19. Name of contract Nurse Agency _____ Telephone # _____

20. Name of contract Nurse Recruiter _____ Tel. # Ext. _____

21. Current DEA #_____ State _____ Exp. Date _____

22. Provide three (3) Letters of Recommendation attesting to currency of your specialty practice, within the past five (5) years. Letters should include clear contact information, signature, and dated within three months of the application.

23. Has there been any complaints or disciplinary action taken or pending against your professional nursing or occupational license, registration, or certification? Yes ( ) No ( )

    If yes, List State (s) _____, License# (s) _____, date(s) the action was taken _____, and a description of the action on the back of the National License Verification Form. Please attach supporting documents.

    You must disclose all misdemeanours, felonies, plea agreements (even if adjudication was withheld), any substance use disorder in the last five (5) years, and any actions taken or initiated against a professional or occupational license, registration, or certification is require.

24. 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.

25. Return the completed Collaborative Agreement, signed by a Physician licensed to practice in the United States Virgin Islands, to the VIBNL office prior to issuance of your license.

26. ***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

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AGREEMENT OF COLLABORATIVE RELATIONSHIP

Between

_____, MD

_____, MSN, APRN

This Agreement of Collaborative Relationship has been made and is now duly written between _____, MD and _____, APRN as of this _____ day of _____, _____. Said agreement which is being submitted as a required of the Virgin Islands Board of Nurse Licensure (VIBNL), shall show the intent for the following mutual collaborative responsibilities between the Advanced Practice Registered Nurse (APRN) and the Physician.

1. The Physician agrees to be available to the APRN for consultation collaboration and referral as necessary.

2. The APRN agrees to practice within the Scope of Practice as defined in the Rules and Regulations established by the Virgin Islands Board of Nurse Licensure.

3. Both parties agree to maintain high ethical and professional standards.

It is understood that any changes in this Agreement must be submitted to the VIBNL within 30 days of the change.

Respectfully Submitted,

_____	_____
Print Name of Physician	Print Name of APRN
_____	_____
Signature of Physician	Signature of APRN
_____	_____
Witness	Date

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Virgin Islands Board of Nurse Licensure
P.O. Box 304247
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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 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
VIBNL Initial Licensure/Renewal Information Form 2

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, behavioural 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.