

District of Columbia

DEPARTMENT OF HEALTH - HEALTH REGULATION AND LICENSING ADMINISTRATION

LICENSED PRACTICAL NURSE RENEWAL APPLICATION

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HRLA's Customer Service line Monday through Friday, 8:30 AM to 4:30PM EDT (Eastern Daylight Time) at 1-877-672-2174. A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1.	name, address, SSN, and birth date corrections in Sections 4 and 5 on Page 2.				
Name: Preferred mail	ling address:	License Number: *SSN/FEIN: Birth date: Other Address:			
Phone: Fax: E-mail:		Phone: Fax: E-mail:			
*Pursuant to D.C. Of	fficial Code Section 3-1205.5 (b) (2001)	(Health Occupations Revisions Act), applicants are required to provide a Soc	cial Security Number (SSN) on		

SECTION 2. SPECIAL INSTRUCTIONS

- Your license expires June 30th of this year.
- Renewal applications submitted after June 30th will be required to pay an \$85.00 late fee.
- If you are unable to renew your license by June 30th or within the 60-day late renewal period, you will then be required to apply for reinstatement of your license.
- You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must meet the Board's requirements to reapply.

CONTINUING EDUCATION REQUIREMENT

Licensed Practical Nurses must complete eighteen (18) contact hours of continuing education in the applicant's current area of practice. Submission of CE hours is not required for first (1st) time renewal applicants.

DO NOT send documentation verifying your compliance with CE requirement unless asked to do so by the Board. The Board will perform a CE audit following the 2013 renewal period. Documentation mailed to the Board will not be returned.

PHOTOS WILL NOT BE REQUIRED

If you don't currently have a picture on your pocket license, submit two (2) identical, recent passport photographs. On the back of the photos write your full name and either your license number or Social Security Number.

ONLINE RENEWAL INSTRUCTIONS

To renew your license online go to: www.hpla.doh.dc.gov. Enter your Social Security # and Last Name, then go to the next screen and enter your User ID and Password or enter User ID/Password that you established during the 2011 renewal period.

Be sure to keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify your professional board of any address change within 30 days of the change. You may send address changes to the address below. This will help ensure that you receive your next renewal notice in a timely manner.

SECTION 3. LICENSE RENEWAL AND FEES — Select the type of action you wish to take for your license.								
Please check the appropriate box (es).		FEE						
A. Renew	\$ 145.00				.00			
B. Cancel * (see notes)	\$ 0.00				00			
c. Paid Inactive	\$ 145.00				00			
D. Reactivate (Paid Inactive License)	\$ 34.00				.00			
E. Late fee (if received after due date)	\$ 85.00			00				
F. Deceased ** (see notes)	\$ 0.00			00				
G. Duplicate Licenses	qty: X \$34.00			.00				
Make check or money order payable to	OFFICE LIGE ONLY		Total Enclosed \$.00				
DC Treasurer and mail to:	Check/MO \$	CE USE ONLY Check/MO #	Clerk	VOLLANA V RENEW LI	I. I. T. I.			
Department of Health Health Professional Licensing Administration	\$.00			YOU MAY RENEW UNTIL:				
899 North Capitol Street, NE, First Floor	\$00			JUNE 30, 2013				
Washington, D.C. 20002								
Phone: 1-877-672-2174 www.hpla.doh.dc.gov								

applications for a professional license. Please provide your Social Security Number in Section 4 of this form.

^{*} Cancelled license. Sign and return this renewal application. You may not practice in the District of Columbia until you re-apply as a new license applicant and are approved by the DC Health Regulations and Licensing Administration for a new license. Upon approval, you will be issued a new license number.

^{**}Deceased: Return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.

SECTION 4. NAME CHANGE							
If you are changing your name, you must provide legal documentation of the name change. Acceptable documentation for individuals includes a copy of marriage certificate, dive	orce decree, or court order.						
Changed to current name by: Marriage Divorce Court Order							
FIRST NAME MI LAST NAME	SUFFIX (Jr, Sr, etc.)						
M M D D Y Y Y Y							
DATE OF BIRTH CORRECTION SSN/FEIN CORRECTION * (Required)							
SECTION 5 ADDRESS CHANGE							
□ APARTMENT □ SUITE □ FLOOR □ PO BOX NUMBER							
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)							
TO ME STREET ADDRESS 1 (II applicable, use inits line to additional boliding information). Otherwise, use inits line to indicate STREET TO MEEK and STREET TO MEEK AN							
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)							
CITY E-MAIL ADDRESS							
STATE ZIP CODE + 4 HOME PHONE NUMBER HOME FAX N							
SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.							
Please answer questions A through H by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through G below, you must provide full information and compaper, including copies of relevant court documents, and attach to this form.	olete details on a separate sheet of						
A. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.							
Please read the information below carefully before responding to this yes or no question, as any false information provided requires that t	he Department of Health						
proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pu § 47-2864 (2001).	rsuant to D.C. Official Code						
IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDII	NG DEBT. IF YOU DO NOT						
HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOU DESIRED.	OUR APPLICATION BE						
DENIED.							
As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the follow	ring:						
1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);							
 Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); 							
4. Past due taxes;							
 Past due District of Columbia Water and Sewer Authority service fees; or Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? 							
Yes □ No□							
The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).							
B. Since your last renewal, have you been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	YES NO						
C. Since your last renewal:	YES NO						
(1) Have you withdrawn an application for licensure/certification/registration to practice your profession in any jurisdiction?							
(2) Has any authority or peer review board taken adverse action against your license or privileges?							
(3) Have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal, or local law?							
(4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?							
D. Do you have a physical or mental condition that currently impairs your ability to practice your profession?	YES NO						
E. Since your last renewal, have you been diagnosed or treated for substance abuse?	YES NO						
F. Since your last renewal, have you been involved in a malpractice suit? If yes, provide date of incident, allegation, and disposition of case	YES NO						
G. Since your last renewal, have you ever been terminated or asked to resign from employment?							
H. Do you currently practice your profession in the District of Columbia?							
L. Have you completed the required Continuing Education as indicated in section 2?							
SECTION 7. LICENSEE AFFIDAVIT							
I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that							
the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.							

LICENSEE NAME (Please print)

LICENSEE SIGNATURE

DATE