



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH**

Virgin Islands Board of Nurse Licensure

WWW.THEVIBNL.ORG

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

5051 Kongens Gade Ste. 1, St Thomas, USVI 00802-6487

Tel: (340) 776-7397/ Fax: (340) 777-4003

Dear Applicant,

Enclosed please find information about the procedure required for endorsement of your Certified Nursing Assistant Certification 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. Complete, sign, date, and notarize the attached application.
2. Submit proof of Social Security.
3. Two (2) recent passport “2x2” photos. *Please print your name and sign the back of each photo; attach one photo to your application; and the second to your official verification form.*
4. Please attach the following documents validating proof of Education:
 - a) Legible copy of your High School Diploma or the equivalent thereof.
 - b) Legible copy of your Nursing Assistant Certificate/Diploma or an official copy of your Nursing Transcript.
5. A copy of an unencumbered Nursing Assistant State Certificate that will not expire 90 days from the date on your application.
6. Please complete and submit the Official Verification form to your State Board of Nursing (BON) or Agency. *This form should be completed by your BON/Agency and forwarded directly to the Virgin Islands Board of Nurse Licensure (VIBNL).*
7. **\$ 75.00** CNA Endorsement processing fee is payable by money order or certified bank check. *Fees are non refundable and not transferable. 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
8. **Documents** - To support any changes in name (i.e. - marriage license, divorce decree with name change) must be included.
9. **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).

Please Note:

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.

Certified Nurse Assistants must obtain certification to practice nursing within the territory of the US Virgin Islands before reporting to their employment. Please notify the VIBNL if you intend to pick up your Certification ID Card. Picture Identification will be required to pick up Certification Card, once you have been notified by the board that it is ready for pick up. Office hours are Monday through Friday, from 8:30am to 4:00pm.

Further information may be obtained by calling the V.I. Board of Nurse Licensure Office at (340) 776-7397.

Thank you for your interest in nursing in the United States Virgin Islands.

Sincerely,
Chairperson, VIBNL

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

Physical Address
5051 Kongens Gade Suite 1
Old Justice Complex
St. Thomas, USVI 00802-6487



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APPLICATION FOR ENDORSEMENT AS A CERTIFIED NURSE ASSISTANT

1. Name in full _____
a. (Print) Last First Middle Maiden
2. Mailing Address _____ Soc. Sec# _____
3. Email Address _____ Tel. # _____
4. DOB _____ Birth place _____ Marital Status: S M D W
5. Are you a US citizen? Yes () No () Give visa status _____
6. How would you rate your own general physical and mental health? _____
7. Do you have a disability that should be reported to this Board? _____
8. Were you ever issued a license/certificate to practice nursing within the US Virgin Islands?
Yes () No ()
9. If yes, please provide: VI License/Certification number: _____ Expiration date: _____
10. Are you currently registered/certified as a Nurse Assistant? Yes () No ()
If yes, give the name and complete address of the agency which issued the state approved
Certified Nursing Assistant certificate:

EDUCATION:

High School _____ Date of Graduation _____

Nurse Aide Program _____ Date of Graduation _____

Address of Nurse Aide Program _____

Length of Nurse Aide Program _____

Have you taken the National Nursing Assistant Certifying Examination? Yes () No ()

If yes, please provide the complete address of where the exam was taken and the date it was
taken _____

List the names of three (3) immediate supervisors (within the last 3 years) and employment contact information

Supervisor's Name: _____ Facility _____
Address _____ Phone: _____
Employment Dates: From _____ To: _____

Supervisor's Name: _____ Facility _____
Address _____ Phone: _____
Employment Dates: From _____ To: _____

Supervisor's Name: _____ Facility _____
Address _____ Phone: _____
Employment Dates: From _____ To: _____

Please Note:

Self-disclosure of all misdemeanors, 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.

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, please provide the jurisdiction(s), license(s), date(s) and a description of the action taken.

Have you been convicted of a felony, committed any misdemeanors, or entered into a plea agreements, (even if adjudication was withheld) during the past five 5 years? Yes () No ()

If yes, please forward supporting documents.

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 and Executive Order No. 378-1998.

Notary Public Seal _____
Signature _____
Date _____

(Applicant's Signature) Date

Office use only: _____ Initial date
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NURSING ASSISTANT OFFICIAL VERIFICATION OF CERTIFICATION FORM

PART I. To be completed by the applicant and forwarded to Certifying Board/Agency in the U.S.		
Name (Last, First, Middle)		Previous Name/s
Current Address		City, State, Zip
Date of Birth	Social Security	Current Certificate #
Name as it appears on original license		Original State of Certification
Original Certificate Number	Date issued	Expiration Date
Nursing Education Program Completed	Location (City, State)	Graduation Date
I authorize all identified Boards of Nursing/agency to release my certificate information to the VIBNL. Signature: _____ Date: _____		
Part II. To be completed by Board of Nursing or Certifying Agency for Nursing Assistants.		
This is to verify that _____ was certified to practice as a Certified Nursing Assistant with Certificate No. _____ Issued _____ Expiration _____ By Exam/Endorsement _____ Certificate Status _____ Nursing Assistant Program _____ Start Date _____ Program Location _____ Date Completed _____ Approved by State? Yes/No _____ Graduated from High School _____ HS Equivalent _____ Other _____		
Part III. Have any disciplinary actions been taken or pending against this certificate? (Yes / No) <i>If yes, please attach supporting documents for board review.</i>		

State _____
Print Name _____
Signature _____
Title _____
Date _____

(State/Agency Seal)