Memo:

To: Licensed Practical Nurses (LPN)
From: Chairperson, VIBNL
Date: July 2016
Re: Renewal Registration for LPN Licenses

All nurses are responsible for the biannual renewal of nursing registration licenses/certificates even though a renewal application might not have been received.

Renewal applications for the Registration Certificates for the 2017-2018 biennium will be mailed from July 2016 through September 2016. They are also available for pick up from the office of the Virgin Islands Board of Nurse Licensure (VIBNL). Completed renewal packets may be returned to the VIBNL for processing as soon applicants have fulfilled all requirements for renewal as stipulated.

Application Deadline: Although current biennium Registration Certificates do not expire until December 31st 2016, to ensure receipt of your 2017-2018 Registration Card, renewal applications should be received by the VIBNL, no later than October 31st 2016. This allows adequate time for the VIBNL to complete administrative review, issue, and mail your Registration Certificate prior to December 31st 2016. Registration Certificates for the 2017-2018 may not be processed by January 1st, 2017 if applications are received by the VIBNL after October 31, 2016. Sign the back of your Certification ID card once received.

Note: Signature and date must be included on all renewal forms or the application will be considered incomplete and will not be processed.

It is a violation of the V.I. Code to work with a lapsed Registration Certificate/License. See Lapsed Registration below for further information.

Registration Fee: The fee for renewal of Registration Certificates/Licenses is as follows:

- LPN = $100.00
- Inactive Status = $15.00

Fees are payable by money order, certified bank check, or credit/debit card. Personal checks will not be accepted. Only in office transactions can be made with credit and debit cards.

Make certified bank checks and money orders payable to the Virgin Islands Board of Nurse Licensure and list address, P.O. Box 304247, St. Thomas VI 00803.

Continued Competency: The regulations for continued competency for renewal of a registration certificate include completion of two of the following.

1. Fifteen (15) contact hours of continuing education: 1.5 hours of these hours are recommended to be related to HIV/AIDS. The 15 contact hours may be obtained online, by attending workshops, or through individual study (e.g. certification preparation).

A TOTAL OF FIFTEEN (15) CONTACT HOURS are to be listed on the Continuing Education Form provided by the Board and accompanied by certificates of completion. If contact hours are not listed, the renewal application will be considered INCOMPLETE and it will be returned to the applicant.
2. **Three hundred twenty (320) hours of active nursing practice** in the previous biennium which must be certified by supervisor or designee on the Employer Verification form provided by the Board; “or” …

3. **Participation in fifteen (15) hours of approved professional activities** documented and certified by supervisor, client or manager of the activity, or organization on the [Professional Activity Form](https://www.Nursys.com) obtainable from the VIBNL. *Note: This activity may be utilized by those nurses who hold an active license but have been unable to fulfill the “active nursing practice” requirement.*

**Lapsed Registration:** Completed renewal applications and/or payment received or postmarked after December 31, 2016 will be considered **LAPSED** and applicants will incur a penalty fee of $200.00 payable by money order, certified check, or credit/debit card. **All lapsed applicants are required to submit their renewal fee along with the lapsed fee of $200.00** in order to reactivate their license.

**Inactive Status:** Nurses who apply for an inactive Registration Certificate (License) must complete and submit a renewal application, before December 31st of the renewal year. If not renewed by December 31st, 2016 there will be an additional $200.00 lapsed registration fee plus the $15.00 inactive fee. Inactive status must be renewed each biennium.

**Official Verification:** Lapsed & Inactive applicants not residing within the territory of the US Virgin Islands are required to submit an Official Verification (obtainable at [www.Nursys.com](https://www.Nursys.com)) of an unencumbered LPN license that is valid for at least ninety (90) days from the date on the renewal application, and a copy of the unencumbered LPN license must be included with the renewal application.

**Refresher Courses:** Nurses who have not practiced nursing during the last five (5) years must complete a one-hundred and sixty (160) hour refresher course **pre-approved** by the VIBNL. *Nurses, who have not practiced in ten (10) years, must complete the process required for initial licensure/certification registration.* Please contact the VIBNL for details.

**New Graduates:** Nurses who Graduated and received their initial license during the prior biennium are not required to complete the continuing education requirements for renewal. Nursing classes taken during this period must be listed on the CEU form.

**Name/Address Change:** The VIBNL must be notified immediately **in writing** of any change in name and must include official supporting documentation (e.g. marriage license, divorce decree, etc.). The VIBNL must be notified immediately **in writing** of any change in address and/or telephone number. Changes may be faxed to the VIBNL at 340-777-4003.

**Tax Status:** As per VIBNL’s query, it is the legal opinion/interpretation of Attorney General Claude E. Walker, ESQ that the inclusion of nurses in the Stop Tax Evasion Program (STEP) is not applicable to the issuance of professional licenses to include nursing licensure. Effective May 2nd 2016 the requirement for the Stop Tax Clearance Letter from the United States Virgin Islands Bureau of Internal Revenue is no longer required for the renewal process.

**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.
**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 about the renewal of your registration. Our numbers are: Phone: (340)776-7397 Fax: (340)777-4003.

**Note:** Please use the following address when forwarding overnight parcels to the VIBNL:
1. FEDEX/UPS parcels = #3 Kongens Gade, Old Justice Complex, St Thomas, USVI 00802.
2. US Postal Service = 5051 Kongens Gade Suite 1, St Thomas, USVI 00802-6487.

**Office Hours:** Business office hours of the VIBNL are Monday-Friday, 8:30 am - 4:00 pm. The Board’s office will be closed to the public for end-of-year reconciliation from December 19th 2016 through December 31st 2016, and will reopen on January 3rd 2017.

Sincerely,
The Virgin Islands Board of Nurse Licensure
GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH
Virgin Islands Board of Nurse Licensure
APPLICATION FOR RENEWAL REGISTRATION TO PRACTICE AS A
LICENSED PRACTICAL NURSE /REGISTERED NURSE/ ADVANCED PRACTICE REGISTERED NURSE (NM, CNM, CM, CRNA, NP)

Physical Address: 5051 Kongens Gade Suite 1, St Thomas, USVI 00802 / Mailing: PO Box 304247, St. Thomas, USVI 00803 / Tel# (340) 776-7397 Fax (340) 777-4003

NAME: __________________________ (APRN/RN/LPN) MAILING ADDRESS
LICENSE NO. ________________
SOCIAL SECURITY NUMBER
D.O.B. ________________

(PLEASE CIRCLE THE ANSWER)
SEX: MALE/FEMALE
MARITAL STATUS: S / M / W / D
U.S. CITIZEN: Y / N

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, Where __________________________________________ License # __________________________ Please attach explanation and supporting documents.
You must disclose 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 on a separate piece of paper.

FAILURE TO DISCLOSE INFORMATION WILL RESULT IN LICENSE NOT BEING RENEWED.

CURRENT POSITION
1. CHAIRPERSON/DIRECTOR/ASSISTANT
2. ADMINISTRATOR/ASSISTANT
3. CONSULTANT
4. SUPERVISOR/CLINICAL CARE COORDINATOR
5. INSTRUCTOR/ PROFESSOR
6. HEAD NURSE OR ASSISTANT
7. REGISTERED NURSE
8. NURSE/ASSOCIATE/PRACTITIONER (PNP, FNP, NP)
9. CLINICAL SPECIALIST
10. SCHOOL NURSE
11. CERTIFIED REGISTERED NURSE ANESTHETIST, CRNA
12. CNM, CM, RNM
13. LICENSED PRACTICAL NURSE
14. OTHER ____________________________

PLEASE INDICATE YES OR NO IF THE FOLLOWING REQUIREMENTS WERE COMPLETED BY DEC. 31ST OF THE RENEWAL YEAR:

COMPLETED THIS CARD FRONT AND BACK: ______
INCLUDED THE PROCESSING FEE: ______
STATUS REQUESTED BEFORE 12/31/____ TO ___
( ) ACTIVE ( ) INACTIVE

TWO OF THREE COMPETENCIES:
EMPLOYMENT VERIFICATION _____
"OR" PROFESSIONAL ACTIVITY FORM ______
& CEU FORMS PROVIDED ARE COMPLETED, SIGNED, AND DATED ______

SIGNATURE __________________________ DATE __________

Updated 07/21/2016

OFFICE USE
PAID________
RENEW______
REGISTRATION________
DO NOT RENEW________
BOARD REVIEW________

FEES ARE PAYABLE TO THE VIRGIN ISLANDS BOARD OF NURSE
LICENSEE BY CERTIFIED BANK CHECK OR US CURRENCY MONEY ORDER ONLY!
ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE
PLEASE COMPLETE ALL OF THE INFORMATION ON BOTH SIDES OF THIS CARD.
COMPLETED RENEWAL APPLICATIONS AND /OR PAYMENT RECEIVED OR POSTMARKED AFTER DECEMBER 31ST OF THE RENEWAL YEAR WILL BE CONSIDERED LAPSED AND APPLICANTS WILL INCUR A PENALTY

APPLICANTS WILL INCUR A PENALTY

Renewal Fee: APRN $150.00; RN $125.00; LPN $100.00
Additional Lapsed Fee: $200.00
Inactive Fee (Before 12/31/of the Renewal Year): $ 15.00

U.S. CITIZEN:
MARITAL STATUS:
SEX:

LICENSE NO. _______________ TEL#/_______(W) ____ (H) ________ YEAR OF LAST RENEWAL

EMPLOYMENT STATUS (CIRCLE ONE)
1. FULL-TIME
2. PART-TIME (LESS THAN 40HRS A WEEK)
3. AVERAGE HOURS PER WEEK WORKED IN THE PAST:
   24 MONTHS_______________
   12 MONTHS_______________
4. UNEMPLOYED (YES /NO)
   IF UNEMPLOYED, ARE YOU ACTIVELY SEEKING EMPLOYMENT AS A REGISTERED NURSE? Y/N
   AS A LICENSED PRACTICAL NURSE? Y/N
   PLACE OF EMPLOYMENT OTHER THAN NURSING.
   __FULL-TIME____________________
   __PART-TIME____________________

PRINCIPAL FIELD/PLACE OF EMPLOYMENT (CIRCLE ONE)
1. HOSPITAL (ST. THOMAS, ST. JOHN, ST. CROIX)
2. NURSING HOME (ST. THOMAS/ST. CROIX)
3. SCHOOL OF NURSING
4. PRIVATE DUTY
5. SCHOOL NURSE (ST. THOMAS, ST. JOHN, ST. CROIX)
6. HOSPICE FACILITY (ST. THOMAS/ST. CROIX)
7. OCCUPATIONAL HEALTH NURSE (ST. THOMAS/ST. CROIX)
8. OFFICE NURSE (PHYSICIAN OR DENTISTIST)
9. COMMUNITY HEALTH (ST. THOMAS, ST. JOHN, ST. CROIX)
10. SELF-EMPLOYED OTHER THAN PRIVATE DUTY
11. OTHER (EXPLAIN)________________________

CURRENTLY REGISTERED AS A LICENSEE BY:

PLACE OF LICENSURE (CIRCLE ONE)
1. NM
2. CRNA, NP
3. CLINICAL SPECIALIST
4. SCHOOL NURSE
5. REGISTERED NURSE
6. NURSE/ASSOCIATE/PRACTITIONER (PNP, FNP, NP)
7. SCHOOL NURSE (ST. THOMAS, ST. JOHN, ST. CROIX)
8. COMMUNITY HEALTH (ST. THOMAS, ST. JOHN, ST. CROIX)
9. OTHER (EXPLAIN)________________________

LICENSED PRACTICAL NURSE

LOCATION OF NURSING PROGRAM ________________
NAME OF NURSING PROGRAM ________________
HIGHEST DEGREE HELD
1. DOCTORATE IN NURSING
2. MASTER'S IN NURSING
3. BACCALAUREATE IN NURSING
4. ASSOCIATE IN NURSING
5. HIGH SCHOOL GRADUATE
6. OTHER (EXPLAIN)________________________

LICENSURE DATA
1. WERE YOU LICENSED IN THE VIRGIN ISLANDS BY EXAM OR ENDORSEMENT? ______
2. ORIGINAL STATE, DATE OF LICENSURE, & LICENSE #: ______
3. DID YOU CHANGE YOUR NAME OR ADDRESS IN THE LAST TWO (2) YEARS? ______
   (IF YES, PLEASE PROVIDE PROOF OF NAME CHANGE)
4. DOES YOUR POSITION REQUIRE YOU TO BE CURRENTLY REGISTERED AS AN APRN/RN/LPN?

(OVER)
# Continuing Education Record for Registered Professional Nurse/Licensed Practical Nurse

**Please Print or Type**

<table>
<thead>
<tr>
<th>Licensee Name</th>
<th>License Number</th>
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<th>Mailing Address</th>
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**Continuing Education Activities Completed:**

(DD/MM/YYYY) TO (DD/MM/YYYY)

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<tr>
<th>Name of CEU Offering</th>
<th>Complete Name of Organization/Instructor Conducting the Course</th>
<th>Provider Number</th>
<th>Location (Home Study, Locally, Nationally)</th>
<th>Dates of CEU Offerings (MM/DD/YYYY)</th>
<th>Number of Contact Hours Earned</th>
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**Please Note:**

VIBNL recognizes these courses as follows: CPR 3, BCLS 3, PALS 5, ACLS 5. APRNs, RNs, & LPNs are recommended to earn 1.5 contact hours in HIV/AIDS education.

I hereby certify that all above statements are true:

______________________________
Signature

______________________________
Date

**Office Use Only:**

Reviewed by: ______________________ Date ______________________

A=Approved  D=Disapproved  B=Board Review  Q=Audited
License Renewal Verification of Employment Form

Licensees please complete only the top portion of this form. Obtain your employer’s signature below.

I, ____________________________ am complying with the requirements for renewal of my United States Virgin Islands Nursing Registration to practice as a ____ Registered Nurse, ____ Licensed Practical Nurse, ____ Advance Practice Registered Nurse and hereby authorize you to release information as required on this form.

Current Address: ____________________________________________________________

License Number: ________________________ Social Security Number ________________

Include a legible copy of your current license if you did not practice on the United States Virgin Islands during the past two (2) years.

Employers please complete the following:

_______________________________ worked 320 hours or more as an APRN / RN / LPN at
(Name of Applicant) (Circle One)

Address of Facility: __________________________________________________________

Period of Employment: ________________________ Tel.# __________________________

Did the position require the employee to hold a current APRN/RN/LPN license? ___Yes ___No

Reason for not earning 320 hours or more:
____________________________________________________________________________

Verified by ______________________________  Date _______________________
(Signature of Supervisor, Human Resources Manager, Clinical Care Coordinator, Recruiter of Registered Nurse or Practical Nurse).

_________________________________  ___________________________
(Print Name) (Title)

Rev. 08/2014
PROFESSIONAL ACTIVITY FORM

Complete the top portion of this form and mail it to the organization/agency where the professional activities were performed for completion.

I, __________________________ am complying with the competency requirements of my nursing registration to practice as an ___ Advance Practice Registered Nurse ___ Registered Nurse or ___ Licensed Practical Nurse and hereby authorize you to release information as required on this form.

Name: ________________________________ SSC#: ________________________________
Mailing Address: _____________________________________________________________ Tel#: ________________________________

Signature _________________________________________________________________

________________________________________________________________________

EMPLOYER / ORGANIZATION / ASSOCIATION

Please complete the information below:

This is to verify that __________________________ performed __________ hours of work/volunteer activity for __________________________ at __________________________

(Address)

The nature of the work/volunteer activity was __________________________

________________________________________________________________________

Date of Completion __________________________

Verified by __________________________

(Print Name) __________________________ (Date) __________________________

(Signature) __________________________ (Title/Position) __________________________
Section A  Competencies

1. CEUs – Five (5) of fifteen required contact hours must be obtained through seminars or a formalized continuing education offering (i.e.: professional association conventions, board approved community based offerings, university offerings.

2. Nursing practice – a minimum of 320 hours of nursing practice per biennium documented by the immediate supervisor on the form provided by the board.

3. Professional Activities – 15 hours of participation in a professional activity.
   a) Active participation as an officer in a professional nursing or health related association.
   b) Authoring or contributing to an article, book, or publication related to health care.
   c) Development and oral presentation of a paper before a professional or lay group on the subject that explores new and current areas of nursing theory, technique, or philosophy.
   d) Design and conduct of a research study relating to nursing and health care.
   e) Volunteering or community service related to nursing.
   f) Full time and private duty nursing – non registry – (Client or Relatives).
   g) Full time private duty nursing with a professional licensed registry.
   h) Examiners, proctors, and raters for licensing and or certification exams.
   i) Other professional activities approved by this board before December 11th in the second year of the biennium.
   j) Other professional activities approved by this board.

Section B  Alternative Methods for Meeting Competency Requirements

A nurse may meet continued competency requirements by providing the board with documentation of one of the following:

1. Completed a board approve refresher course consisting of not less than 160 hours of instructor planned, supervised instruction including theory at a ratio of 60 minutes of instruction per one hour credit and clinical practice at a ratio of three hours of practice per one hour of credit; or earned three or more nursing credited hours;

2. Attained a degree or certificate in nursing, or made progress toward one beyond the educational requirements for the nurses original license by successfully completing two required course;

3. Successfully completing the National Council of State Boards of Nursing Licensing Examination (NCLEX/CAT);

4. Meeting certification requirements for specialty areas in nursing and maintaining current certification in the specialty.