

## Licensed Practical Nurse Renewal Application

**This form must be returned even if you are not in active practice. (See Section B)**

Current Expiration 01/31/08	Renewal Period Covering 02/01/08 through 01/31/10	Renewal Fee \$ 95.00
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<p>_____</p> <p>If mailing address has changed, indicate new address below:</p>	<p><b>Section A</b></p> <p>Directions:</p>	<p>To renew you must enclose a check in the amount indicated, payable to Vermont Secretary of State.</p> <p><u>If the renewal is postmarked after the current expiration date you will be required to pay a late renewal penalty.</u></p> <p>The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty will increase by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.</p> <p><b>If you have had a name change please attach a copy of the marriage license or divorce degree granting you the authority to change your name.</b></p>
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If your 911 address is different than your mailing address, please indicate the 911 address here:

Telephone :	E-Mail Address:
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**Section B: IF YOU DO NOT WISH TO RENEW**, and would like to be placed in an Inactive Status, place an **X** on the line to the right. No fee is required for Inactive Status. **YES** \_\_\_\_\_

**PLEASE NOTE \*WHEN YOU DO RENEW YOUR LICENSE YOU MUST MEET THE CRITERIA FOR RELICENSURE**

**Section C: QUALIFICATIONS FOR RENEWAL - Respond to part 1 or part 2:**

1. I have practiced nursing as defined in 26 V.S.A. §1579, for at least: \*\*
 

\_\_\_\_\_ 120 days (960 hrs) in the last 5 years, or \_\_\_\_\_ 50 days (400 hrs) in the last 2 years

at \_\_\_\_\_

(Name of Agency/Institution)	(City/State)
(Position)	(Dates of employment to/from)

**OR**

2. I have completed a Board approved program for re-entry into nursing within the past five years
 

at \_\_\_\_\_

(Program Sponsor [School, Institution, or Person])	(City/State)	(Date)
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\*\* If private duty position - attach statement indicating diagnosis; nursing care provided; number of days and hours worked; physician's statement indicating skilled care was necessary.

**(OVER)**

**SECTION D: Circle Yes or No. A yes requires a written explanation, and/or other documentation. Since you were originally licensed or since you completed your last renewal application:**

1. Have you been convicted of a crime other than a minor traffic violation? <i>If "yes", explain and attach the court documents, if any</i>	YES	NO
2. Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES	NO
3. Has Vermont, any other state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action</i>	YES	NO

**SECTION E: Circle Yes or No. A yes requires a written explanation, and/or other documentation. Since you were originally licensed or since you completed your last renewal application:**

**ANSWERS TO THESE QUESTIONS ARE NOT SUBJECT TO PUBLIC DISCLOSURE.**

1. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice with reasonable skill and safety? <i>If yes, provide a physician's statement or medical confirmation of the disability.</i>	YES	NO
2. Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs? <i>If yes, please explain in detail.</i>	YES	NO
3. Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? <i>If yes, please explain in detail.</i>	YES	NO

**SECTION F: Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions. Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3113, and 21 V.S.A. § 1378 you are required to answer the following:**

<b>CHILD SUPPORT</b>	<b>You must check one of the three statements below regarding child support. As of the date of this renewal application:</b>	
	This does not apply to me because I do not have any children, OR	
	I do not owe any child support, or I do owe child support but am under a plan with the Office of Child Support to pay all child support due, OR	
	I am behind in my child support and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship	
<b>TAXES</b>	<b>You must check one of the two statements below regarding taxes. As of the date of this renewal application:</b>	
	All Vermont tax returns have been filed, and I do not owe any taxes, or I owe taxes but am under a plan with the Vermont Department of Taxes to pay all taxes due, OR	
	I am behind in my tax payments and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.	
<b>UNEMPLOYMENT COMPENSATION</b>	<b>You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of the date of this renewal application:</b>	
	This does not apply to me because I am not now, nor have I ever been, an employer.	
	I do not owe any unemployment compensation, or I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due.	
	I am behind in my unemployment compensation payments and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship	
<b>Social Security #</b>	<b>Date of Birth</b>	

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405(c), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

**Statement of Applicant**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine. 3 VSA §2901 )	
Signature of Applicant	Date

**Vermont Secretary of State - Office of Professional Regulation  
National Life Bldg., North, FL 2, Montpelier, VT 05620-3402**

[www.vtprofessionals.org](http://www.vtprofessionals.org)