



District of Columbia  
DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMINISTRATION  
**LICENSED PRACTICAL NURSE RENEWAL APPLICATION**

**NU REN**

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 toll-free Customer Service line Monday through Friday, 8:15AM to 4:45PM EST at 1-877-672-2174. A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

**SECTION 1. LICENSEE INFORMATION – Carefully review all demographic information in this section. Please make all name, address, SSN, and birth date corrections in Sections 4 and 5 on Page 2.**

Preferred mailing address: \_\_\_\_\_

License Number: \_\_\_\_\_  
\*SSN/FEIN: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Other Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupations Revisions Act), applicants are required to provide a Social Security Number (SSN) on applications for a professional license. Please provide your Social Security Number in Section 4 of this form. If a Social Security Number is not available, a sworn affidavit stating that you do not have a Social Security Number must be submitted on a separate notarized letter.

**SECTION 2. SPECIAL INSTRUCTIONS**

- Your license expires June 30<sup>th</sup> of this year.
- Renewal applications submitted after June 30<sup>th</sup> will be required to pay an \$85.00 late fee.
- If you are unable to renew your license by June 30<sup>th</sup> 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 1<sup>st</sup> 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 2009 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](http://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 2008 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).

	<b>FEE</b>	
A. <input type="checkbox"/> Renew	\$ 145.00	_____ .00
B. <input type="checkbox"/> Cancel * (see notes)	\$ 0.00	_____ .00
C. <input type="checkbox"/> Paid Inactive	\$ 145.00	_____ .00
D. <input type="checkbox"/> Reactivate (Paid Inactive License)	\$ 34.00	_____ .00
E. <input type="checkbox"/> Late fee (if received after due date)	\$ 85.00	_____ .00
F. <input type="checkbox"/> Deceased ** (see notes)	\$ 0.00	_____ .00
G. <input type="checkbox"/> Duplicate Licenses	qty: _____ X \$34.00	_____ .00

**Total Enclosed \$ \_\_\_\_\_ .00**

Make check or money order payable to  
**DC Treasurer** and mail to:  
Department of Health  
Health Professional Licensing Administration  
717 – 14<sup>th</sup> St, N.W., 6<sup>th</sup> Floor  
Washington, D.C. 20005  
Phone: 1-877-672-2174 [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov)

<b>OFFICE USE ONLY</b>		
Check/MO \$	Check/MO #	Clerk
\$ _____ .00		

**YOU MAY RENEW UNTIL:  
JUNE 30, 2009**

\* 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.

