

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR
LICENSED PRACTICAL NURSES

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CHARLESTON, WEST VIRGINIA 25311-1688

Dear Licensee:

Please indicate your employment status during the period your license was expired by selecting the appropriate option below. This information is required to determine if you practiced as an LPN without an active license.

_____ I **worked** between _____, through _____ as an LPN in the State of West Virginia without a valid active license.

_____ I **did not work** between _____, through _____ as an LPN in the State of West Virginia without a valid active license.

Signature

Print Name

License #

Date

Sincerely,

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