

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR
LICENSED PRACTICAL NURSES

MICHELLE L. CHAPMAN, MSN, MBA/HCM, RN-BC
EXECUTIVE DIRECTOR
E-MAIL: Michelle.L.Chapman@wv.gov

LISA M. SHILTZ, BSN, RN
ASSOCIATE EXECUTIVE DIRECTOR
EMAIL: Lisa.M.Shiltz@wv.gov

WEB: <https://lpnboard.wv.gov>
E-MAIL: lpn.board@wv.gov



TELEPHONE
(304) 558-3572

FAX
(304) 558-4367

101 DEE DRIVE, SUITE 100
CHARLESTON, WEST VIRGINIA 25311-1688

Dear:

You indicated on your application for reinstatement of your LPN license that you were currently working. Please check the box below that applies to your situation and return in the envelope provided. If you have any questions, please feel free to give me a call at the board.

_____ **I worked** between July 01, 2025 through _____ as an LPN in the State of West Virginia without a valid active license.

_____ **I did not work** between July 01, 2025 through _____ as an LPN in the State of West Virginia without a valid active license.

Signature Print Name and License # _____
Date

Very truly yours,

A handwritten signature in black ink, appearing to read "Lisa M. Shiltz".

Lisa M. Shiltz BSN, RN
Associate Executive Director
WV State Board of Examiners for Licensed Practical Nurses
Phone: 304-558-3572
Fax: 304-558-4367
Email: Lisa.M.Shiltz@wv.gov

MLC/lms