

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR  
LICENSED PRACTICAL NURSES

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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 1, 2018 & \_\_\_\_\_ as an LPN in the State of West Virginia without a valid active license.

\_\_\_\_\_ **I did not work** between July 1, 2018 & \_\_\_\_\_ as an LPN in the State of West Virginia without a valid active license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and License #

\_\_\_\_\_  
Date

Very truly yours,

Handwritten signature of Lisa M. Shiltz.

Lisa M. Shiltz BSN, RN  
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MLC/lms