

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR
LICENSED PRACTICAL NURSES

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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 1, 2024 & _____ as an LPN in the State of West Virginia without a valid active license.

_____ **I did not work** between July 1, 2024 & _____ 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.

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