

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR
LICENSED PRACTICAL NURSES

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Print Nurse's Name: _____

Please check mark the box below that applies to your situation and upload to your **nurse portal message center, email** to the board: lpn.board@wv.gov or **fax** to the board 304-558-4367, or **mail** to: 101 Dee Drive, Suite 100, Charleston, WV 25311. If you have any questions, please feel free to give me a call at the board.

_____ I **worked** between July 1st, _____ Year License Expired & _____ Today's Date as a LPN in the State of West Virginia without a valid active license.

_____ I **did not work** between July 1st, _____ Year License Expired & _____ Today's Date as a LPN in the State of West Virginia without a valid active license.

Nurse's Signature

Print Name

License #

Date