Virginia Beach School of Practical Nursing (VBSPN)

Student Attestation Form for Professional Licensure

Military dependent whose legal residence is not in Virginia

Student Information

- **Name:** _____
- **Legal State of Residence:** _____
- **Intended State of Licensure and Employment:** _____

Licensure in Virginia

VBSPN meets all Virginia Board of Nursing curriculum requirements, including a minimum of 400 direct patient care hours. Graduates are eligible to apply to take the National Council Licensure Examination – Practical Nurse (NCLEX-PN) for licensure in Virginia. **VBSPN only accepts applicants who are residents of Virginia (allows an exception for military dependent spouses).**

State Authorization and Professional Licensure

The purpose of this Student Attestation is to ensure compliance with Federal regulations 34 CFR § 668.43: Licensure requirements vary by state and territory. VBSPN has **not determined** if its curriculum meets requirements outside of Virginia. Currently, 43 jurisdictions are part of the Nurse Licensure Compact (NLC), meaning a nurse who lives in a compact state can apply for a multistate license if they meet the licensure requirements (i.e. criminal background check, valid social security number, etc). The following jurisdictions are either pending, partial or awaiting implementation: AK, CT, HI, IL, MI, MN, NY, NV, RI, Washington DC, Guam, and the Virgin Islands. At this time, American Samoa, California, and the Northern Mariana Islands, have elected not to participate in NLC. Students should contact the state board of nursing of interest for the most up-to-date information:

- NCSBN State BON Directory
- Nurse Licensure Compact Information

Attestation Statement:

Although individual state licensure agencies have sole authority in determining whether classes earned and field experiences are acceptable for licensure, Virginia Beach School of Practical Nursing is required by federal regulations to determine whether our professional licensure preparation meets licensure requirements in states where prospective students are located.

The student acknowledges that VBSPN program *does not meet licensure requirements in your current state of residence*, **but does meet requirements in your intended state of employment**.

By signing, student affirms their plan to seek licensure and employment in the intended state upon program completion, understanding that this attestation allows enrollment despite their current state's requirements. Please note that this information does not account for changes in state laws or regulations related to licensure or certification that occur after this disclosure has been made. Continue to stay abreast of information by regularly reviewing the Board of Nursing of your intended state of licensure and employment.

Student Signature: _____ **Date:** _____

Nursing Director Signature: _____ **Date:** _____