



**Secretary of State
Office of Professional Regulation**

NURSING

Application Instructions

RN & LPN Re-Entry Application for Temporary Permit

1. In accordance with part 4 of the Administrative Rules of the Vermont Board of Nursing:
4-8 Requirements of Renewal.

(a) RNs & LPNs shall:

(1) Have practiced for a minimum of 50 days (400 hours) in the two years preceding application or 120 days (960 hours) in the five years preceding application; or

(2) Have completed 20 hours of qualifying continuing education in the two years immediately preceding the application; or

(3) Hold a current nationally recognized certification

4-9 Late Renewal Penalties. Late renewal applications are subject to penalty fees, which may be waived in certain circumstances, for example, if the applicant did not practice in Vermont during the period of lapse. See 3 V.S.A. § 127(d)

Reinstatement waivers may be requested through the online licensing system.

4-10 Requirements of Reinstatement;

Extended License Lapse. A license expired for more than two years requires reinstatement, including a federal criminal background check.

(a) Two to five years. A license expired for two to five years may be reinstated upon proof of continuous practice elsewhere, or if practice ceased, upon satisfaction of the requirements of renewal set out in Rule 4-8.

(b) More than five years. A license expired for five or more years may be reinstated upon proof of continuous practice elsewhere, or if practice ceased, a licensee's preparation to return to practice will be assessed on a case-by-case basis. After consultation with the Board, the Director may require re-training, testing, or re-application. See 3 V.S.A. § 135. In most circumstances, completion of an approved nursing re-entry program is a minimum prerequisite to reinstatement.

2. An RN or LPN whose license has been expired for more than five years will require a Reentry Temporary Permit. To apply for a reentry temporary permit, applicants must reach out to Sherry Barnard, Reentry Program Coordinator at Vermont State University (VSU) at sherry.barnard@vermontstate.edu . Ms. Barnard must confirm pre-approval into the reentry program to advance the application.
3. The applicant will Complete page 1 and 2 of the Re-Entry application and reach out to SOS.OPRLicensing1@vermont.gov .
4. The applicant will upload these completed pages to their online account using the update license feature.
5. The applicant will complete the Re-Entry Permit Application, required criminal background check and pay applicable, nonrefundable renewal fees.
6. The applicant can start **Theory** hours with VSU. Once the theory hours are complete, OPR will approve the Re-Entry Permit Application, which allows the applicant to complete the Clinical portion of the hours.
7. Once theory and clinical hours are complete, the preceptor signs off on the “Evaluation of Re-Entry Checklist”. Applicant will upload these to their online account using the update feature and the OPR staff will approve the renewal and inactivate the temporary permit.



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**NURSING
Licensed Practical Nurse
Re-Entry Application for Temporary Permit**

The purpose of re-entry programs is to prepare licensed practical nurses who do not meet practice requirements for renewal or endorsement to be eligible for licensure. Re-entry programs must be pre-approved by the Board of Nursing.
(Use Ink or Typewritten only)

First Name (Legal name; no nicknames)	Middle	Last Name

Previous Name(s) (Maiden)

Social Security Number: / / ** (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14)).

Mailing Address:	P.O. Box		
	Street/Apt #		
	City/State/Zip		
	Country		
911 Address: (if different than mailing)	Box Street/Apt #		
	Suite/Department/Floor		
	City/State/Zip		
Phone:	() -	Cell Phone:	() -
Work:		E-Mail:	

Section B: Re-Entry Program

Name of Re-Entry Program: _____

Name of Parent Organization if different: _____

Physical Location: _____

Mailing Address: _____

Name of Program Director: _____

Name of Program Coordinator/Faculty: _____ Vermont License #: _____

The Re-Entry program consists of _____ hours of Theory and _____ hours of Clinical Practice.

Location of Clinical Practice Portion of Re-Entry Program: _____

Name and Title of Clinical Preceptor: _____

Vermont Nursing License number of Clinical Preceptor: _____

The clinical portion of the Re-Entry program will begin on:

_____ / _____ / _____ and will be completed on _____ / _____ / _____
MM DD YYYY MM DD YYYY

Signed by Program Coordinator: _____ Date: _____

Signed by Clinical Preceptor: _____ Date: _____

Section C: Enclosures

- **Completed Vermont LPN Renewal form or Endorsement application.**

All required documents must be received by this office within 6 months of receipt of this application. If the application remains incomplete after 6 months, it will be destroyed. If you are interested in reapplying, a new application and fee must be submitted.

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Applicant	Date
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Send completed form to:
SOS.OPRLicensing1@vermont.gov

Evaluation of LPN Re-Entry Applicant

Instructions: This needs to be submitted and signed by the Re-Entry Program Coordinator to verify the successful completion of both the theory and clinical practice portions of the Re-Entry program.

Applicant Name _____

Demonstrates an adequate theoretical knowledge base as defined in the program outline	Yes	No
Successfully completed 80 hours of Theory?	Yes	No
Successfully completed 80 hours of Clinical Practice?	Yes	No
This re-entry program has documentation on record that validates the applicant's ability to:		
1. Contribute to assessment, data collection, safety, interventions, evaluation of patient response, and planning for delivery of nursing care	Yes	No
2. Communicate with patients, families, colleagues & management in an accurate, considerate, timely manner; using verbal, written, and electronic means.	Yes	No
3. Employ Critical Thinking skills to achieve desired outcomes and to solve problems	Yes	No
4. Engage in caring relationships that integrate the influence of the human experience of health, illness, &/or healing.	Yes	No
5. Maintain safe and effective nursing care within a multi-task, multi-patient assignment.	Yes	No
6. Work collaboratively in the performance of activities delegated by supervising healthcare professionals	Yes	No
7. Assist with teaching plan implementation to promote health &/or prevent disease	Yes	No
8. Provide patient care that addresses the unique needs for the patient populations served within unit/area of employment.	Yes	No

I certify, under the pains and penalties of perjury, that all information I have provided is true and accurate. I understand that furnishing false information can constitute unprofessional conduct. (The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. 13 VSA §2901.)

Signed by Program Applicant _____ Date: _____

Signed by Preceptor _____ Date: _____

Directions: Preceptors will place the date and their initials in the appropriate column only when they have observed sufficient preceptee performance to feel certain of both capability and consistency in adhering to agency protocol and providing safe, effective care; as pertains to that criteria statement. Each bold heading must be signed off to meet re-entry program requirements. *Preceptors do not have to observe every aspect of care that is listed but can use the bulleted items as examples of various aspects of clinical performance that give evidence of meeting the overall performance section.*

Comments: Any issues, incidents, inadequate, or outstanding performance should be detailed under the comments section. Comments can be continued on the back of the page if more space is needed. You may also detail additional clinical experiences that are needed under the comment section. *All individuals initialing this document must print and sign their full name and title at the end of this document.*

Clinical Performance Criteria:	Date/Initials
Contributes to assessment, data collection, safety, interventions, evaluation of patient response and planning for delivery of nursing care	
<ul style="list-style-type: none"> • Protects patients, colleagues and self (via correct hand washing, body mechanics, lifting, emergency response, specimen handling, disposal of wastes, etc.) 	
<ul style="list-style-type: none"> • Administers medications, infusions, treatments, procedures according to agency protocol 	
<ul style="list-style-type: none"> • Utilizes equipment and monitors in a safe, accurate and population specific manner 	
<ul style="list-style-type: none"> • Collects data to add to patient health information; including response to meds/treatment 	
<ul style="list-style-type: none"> • Integrates relevant interventions and monitoring within patient care 	
<ul style="list-style-type: none"> • Collaborates on plan of care development and implementation 	
Comments:	
Communicates with clients and colleagues in accurate, caring, timely manner	
<ul style="list-style-type: none"> • Interacts effectively with patient, family, and team members 	
<ul style="list-style-type: none"> • Uses statement and body language that conveys respect for others and absence of bias 	
<ul style="list-style-type: none"> • Protects confidentiality of patient/colleague information 	
<ul style="list-style-type: none"> • Reports pertinent, concise, accurate information to team members 	
<ul style="list-style-type: none"> • Ensures accurate documentation, data processing & access to electronic files/resources 	
Comments:	
Employs Critical Thinking skills to achieve outcomes and solve problems	
<ul style="list-style-type: none"> • Seeks assistance/information when faced with unfamiliar task, procedure, med, etc. 	
<ul style="list-style-type: none"> • Integrates data from multiple sources when developing a plan of action 	
<ul style="list-style-type: none"> • Prioritizes care needs and tasks correctly 	
<ul style="list-style-type: none"> • Applies disease specific considerations in care delivery 	
Comments:	
Engages in caring relationships that integrate the influence of the human experience of health, illness, &/or healing.	
<ul style="list-style-type: none"> • Integrates caring / concern for patients, families and colleagues within professional role 	
<ul style="list-style-type: none"> • Protects patient autonomy, dignity, and rights 	
<ul style="list-style-type: none"> • Assists colleagues with care delivery 	

Clinical Performance Criteria:	Date/Initials
<ul style="list-style-type: none"> Refers concerns/issues to correct resource for resolution Comments:	
Maintains safe, effective nursing care within a multi-task, multi-patient assignment. <ul style="list-style-type: none"> Organizes multitask & multi-patient assignment effectively Prioritizes care and tasks consistent with circumstances and available resources Requests assistance <i>when</i> unsure of process/task/equipment/etc. Seeks feedback and accepts correction Comments:	
Works collaboratively in the performance of activities delegated by supervising healthcare professionals <ul style="list-style-type: none"> Verbalizes scope of practice for self and others Coordinates care with in the multi-disciplinary team Applies ethical thoughtfulness to issues related to competency of self and others Interacts with others in professional manner Comments:	
Assists with teaching plan implementation to promote health &/or prevent disease <ul style="list-style-type: none"> Provides relevant health information with consideration of patient needs/priorities Prepares patient for prescribed procedure, treatment &/or follow-up self care Clarifies instruction through demonstration, visual aides and feedback techniques Comments:	
Provides patient care that addresses the unique needs of the patients served within unit. <ul style="list-style-type: none"> Delivers plan of care with consideration of patient needs Provides holistic care that transcends the boundaries/walls of the agency. Participates in quality improvement or change process within the healthcare organization Utilizes new resources, knowledge, treatments, etc. to improve practice Comments:	

Printed Name & Credential(s): _____

Preceptor Initials: _____ Title: _____

Name and location of preceptorship facility _____

Printed Name & Credential(s): _____

Preceptor Initials: _____ Title: _____

Name and location of preceptorship facility _____

Printed Name & Credential(s): _____

Preceptor Initials: _____ Title: _____

Name and location of preceptorship facility _____