



**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](mailto: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](mailto: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.



**Secretary of State  
Office of Professional Regulation**

**NURSING**

**Registered Nurse  
Re-Entry Application for Temporary Permit**

The purpose of re-entry programs is to prepare registered 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
<b>Previous Name(s) (Maiden)</b>		

**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)).

<b>Mailing Address:</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	
	<b>Country</b>	
<b>911 Address: (if different than mailing)</b>	<b>Box Street/Apt #</b>	
	<b>Suite/Department/Floor</b>	
	<b>City/State/Zip</b>	

<b>Phone:</b>	(       )       -	<b>Cell Phone:</b>	(       )       -
<b>Work:</b>		<b>E-Mail:</b>	

**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 RN 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

Send completed form to:

SOS.OPRLicensing1@vermont.gov

## Evaluation of RN 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 120 hours of Theory?	Yes	No
Successfully completed 120 hours of Clinical Practice?	Yes	No
This re-entry program has documentation on record that validates the applicant's ability to:		
<b>1.</b> Incorporate relevant assessment, safety and intervention skills in delivery of nursing care	Yes	No
<b>2.</b> Communicate with patients, families, colleagues & management in accurate, considerate, timely manner; using verbal, written and electronic means.	Yes	No
<b>3.</b> Employ Critical Thinking skills to achieve desired outcomes and to solve problems	Yes	No
<b>4.</b> Engage in caring relationships that integrate the influence of the human experience of health, illness, &/or healing.	Yes	No
<b>5.</b> Manage a multi-task, multi-patient workload and material resources effectively	Yes	No
<b>6.</b> Apply leadership skills consistent with role and experience	Yes	No
<b>7.</b> Incorporate teaching in delivery of care to promote health and prevent disease	Yes	No
<b>8.</b> Integrate relevant knowledge and evidence-based practice for the patient populations served within unit/area of hire.	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: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ 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, or 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
<p><b>Incorporates relevant assessment, safety &amp; intervention skills in delivery of care</b></p> <ul style="list-style-type: none"> <li>• Protects patients, colleagues and self (via correct hand washing, body mechanics, lifting, emergency response, specimen handling, disposal of wastes, etc.)</li> <li>• Administers medications, infusions, treatments, procedures according to agency protocol</li> <li>• Utilizes equipment and monitors in a safe, accurate and population specific manner</li> <li>• Incorporates relevant assessment, intervention &amp; evaluation within patient care</li> <li>• Adapts plan of care to patient's changing needs and priorities</li> </ul> <p>Comments:</p>	
<p><b>Communicates with patients, colleagues, &amp; management in accurate, considerate, timely manner Interacts effectively with patient, family, and team members</b></p> <ul style="list-style-type: none"> <li>• Uses statement and body language that conveys respect for others and absence of bias</li> <li>• Protects confidentiality of patient/colleague information</li> <li>• Reports pertinent, concise, accurate information to team members</li> <li>• Ensures accurate documentation, data processing &amp; access to electronic files/resources</li> </ul> <p>Comments:</p>	
<p><b>Employs Critical Thinking skills to achieve outcomes and solve problems</b></p> <ul style="list-style-type: none"> <li>• Seeks assistance/information when faced with unfamiliar task, procedure, med, etc.</li> <li>• Integrates data from multiple sources</li> <li>• Prioritizes care needs and tasks correctly</li> <li>• Applies population and disease specific considerations in care delivery</li> </ul> <p>Comments:</p>	
<p><b>Engages in caring relationships that integrate the influence of the human experience of health, illness, &amp;/or healing.</b></p> <ul style="list-style-type: none"> <li>• Integrates caring / concern for patients, families and colleagues within professional role</li> <li>• Protects patient autonomy, dignity, and rights</li> <li>• Assists colleagues with care delivery</li> <li>• Refers concerns/issues to correct resource for resolution</li> </ul> <p>Comments:</p>	

Clinical Performance Criteria:	Date/Initials
<b>Manages workload and material resources effectively</b>	
<ul style="list-style-type: none"> <li>Organizes multitask &amp; multi-patient assignment effectively</li> </ul>	
<ul style="list-style-type: none"> <li>Prioritizes care and tasks consistent with circumstances and available resources</li> </ul>	
<ul style="list-style-type: none"> <li>Requests assistance when unsure of process/task/equipment/etc.</li> </ul>	
<ul style="list-style-type: none"> <li>Seeks feedback and accepts correction</li> </ul>	
Comments:	
<b>Applies leadership skills consistent with role and experience</b>	
<ul style="list-style-type: none"> <li>Verbalizes scope of practice for self and others</li> </ul>	
<ul style="list-style-type: none"> <li>Coordinates care with in the multi-disciplinary team</li> </ul>	
<ul style="list-style-type: none"> <li>Applies ethical thoughtfulness to issues related to competency of self and others</li> </ul>	
<ul style="list-style-type: none"> <li>Interacts with others in professional manner</li> </ul>	
Comments:	
<b>Incorporates teaching in delivery of care to promote health and prevent disease</b>	
<ul style="list-style-type: none"> <li>Provides relevant health information with consideration of patient needs/priorities</li> </ul>	
<ul style="list-style-type: none"> <li>Prepares patient for prescribed procedure, treatment &amp;/or follow-up self care</li> </ul>	
<ul style="list-style-type: none"> <li>Clarifies instruction through demonstration, visual aides and feedback techniques</li> </ul>	
Comments:	
<b>Integrates relevant knowledge and evidence-based practice for the patient populations served within unit.</b>	
<ul style="list-style-type: none"> <li>Develops plans based on relevant population-specific data &amp; physical assessment data</li> </ul>	
<ul style="list-style-type: none"> <li>Provides holistic care that transcends the boundaries/walls of the agency.</li> </ul>	
<ul style="list-style-type: none"> <li>Participates in quality improvement or change process within the healthcare organization</li> </ul>	
<ul style="list-style-type: none"> <li>Utilizes new resources, knowledge, treatments, etc. to improve professional practice</li> </ul>	
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 \_\_\_\_\_