

**RETIRED VOLUNTEER APPLICATION—PRACTICAL NURSE/REGISTERED NURSE**

**APPLICANT INSTRUCTIONS**

**Only complete this application if you have an Active, Colorado PN or RN license, and your license is not in a renewal period.**

**Mandatory Practice Act.** Colorado has a mandatory practice act, which means that you may not practice as a Practical Nurse or Registered Nurse in this state without a Colorado or other compact state license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

**Basic Requirements.** Requirements for licensure as a Retired Volunteer Nurse are outlined in the Colorado Revised Statutes, specifically 12-38-112.5; the Board's rules; and the Board's policies. These documents are available online at [www.dora.colorado.gov/professions/nursing](http://www.dora.colorado.gov/professions/nursing).

You may apply for a Retired Volunteer Nurse license if you are at least 55 years of age. You may not accept compensation for nursing tasks performed.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp).

**About the Application.** This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

**Application Expiration.** Your application will be kept on file for one (1) year from the date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to submit a new application packet and fee after that time.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. The affidavit is available on our website at [www.dora.colorado.gov/professions/nursing](http://www.dora.colorado.gov/professions/nursing), or you may call (303) 894-7800 to request that one be mailed to you.

**Disclosure of Addresses.** Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at [www.dora.colorado.gov/professions/onlineservices](http://www.dora.colorado.gov/professions/onlineservices).

**License Expiration Grace Period for Applicants.** Retired Volunteer Registered Nurse license expiration dates are September 30 of either odd-numbered years or even-numbered years, and are dependent upon the issuance date. Retired Volunteer Practical Nurse license expiration dates are August 31 of even-numbered years.

## APPLICANT CHECKLIST

### To apply for a Retired Volunteer Nurse license:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp). You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

### Return your completed application packet and all supporting documentation to:

Division of Registrations  
**Office of Licensing—Nursing**  
1560 Broadway, Suite 1350  
Denver, CO 80202

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

I currently hold an active license as a:	License Number	Expiration Date
<input type="checkbox"/> Colorado Registered Nurse		
<input type="checkbox"/> Colorado Licensed Practical Nurse		

**PART 1—APPLICANT INFORMATION**

<b>Name:</b> Last:		First:	Middle:	Suffix:
<b>Previous Name(s):</b>				
<b>Social Security Number: *</b>		<b>Date of Birth</b> (mm/dd/yyyy):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Place of Birth</b> (city and state, or foreign country):				
<b>Mailing Address:</b> <i>This is a</i> <input type="checkbox"/> Home <input type="checkbox"/> Business	PO Box, Street: City, State, Zip:			
<b>Daytime Telephone Number:</b> (     )		<b>E-mail Address:</b> <i>Preferred method for communication:</i> <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		

**PART 2—RETIRED STATUS ELIGIBILITY**

Are you 55 years of age or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you retired per C.R.S. 12-38-112.5?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you practiced nursing during the two (2) years preceding the submission of this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you accept nursing work, do you agree to work on a volunteer basis only, receiving no payment for services rendered?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
▶ If you answer <b>NO</b> to any of these questions, you do not qualify for Retired Volunteer Nurse status.		

**\*Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

**PART 3—SCREENING QUESTIONS**

**You must provide the following for each “YES” response to the screening questions below:**

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome

**You may be required to provide the following:**

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Has any nursing or other health care license held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation in any state other than Colorado or in any territory of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you under investigation or is a disciplinary action pending against your nursing license or other health care license in any state or territory of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you received notification from the Department of Health and Human Services, Office of the Inspector General, that you have been excluded from participation in Medicare, Medicaid or any federal health care programs based on program related crimes and discipline?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you ever been convicted, entered a plea of guilty, nolo contendere, or no contest for any felony, misdemeanor or petty offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you ever been convicted, pled no contest/ <i>nolo contendere</i> , or had a court accept a plea to a criminal motor vehicle offense of DUI/DWI/DWAI/OWI or any traffic offense involving drugs or alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Has any final judgment, settlement or arbitration award for malpractice been paid by you or on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a nurse safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a nurse safely and competently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you been terminated or permitted to resign in lieu of termination from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you been arrested for an alcohol or drug-related offense other than stated in question No. 5?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**ATTESTATION**

**I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.**

**Applicant Signature**

**Date**