

**VR-VN;
VR-RN
VR-
RN/APRN**

Texas Board of Nursing
333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.texas.gov

For Office Use Only:
Amount _____
Date Rec'd _____

Volunteer Retired Nurse Authorization Form

This form is only for retired nurses whose only practice is voluntary charity care. Please refer to the instructions for assistance in completing this form. **You must answer all questions and sign and return the form as indicated with the fee of \$10.00.** Normal processing time is within fifteen business days. It is your responsibility to submit the form and the required fee early enough to allow sufficient time for processing. You must meet the requirements to practice as a Volunteer Retired Nurse in Texas, located at 22 Texas Administrative Code (TAC) § 217.9(d), and be in good standing with the Board as required by §217.9(b). The Rules pertaining to the maintenance of your license and your eligibility to renew this authorization are 22 TAC §§ 216 (CE) and 213.27, 213.28, 213.29, 213.33, 217.7, and 217.9 (regarding fitness to practice).

**Nursing license must be in good standing according to Rule 217.9(b) to be considered for Volunteer Retired Authorization
Fees are non-refundable. Make check or money order payable to the Texas Board of Nursing.**

Select Type of Authorization:

- VN Voluntary Retired RN Voluntary Retired RN/APRN Voluntary Retired

Name(Last): _____ (First): _____ (M): _____
Legal documentation is required for a name change (see 22TAC §217.7)

License Number: _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

(Address) (City) (State/Country) (Zip/Postal Code)

(E-Mail Address)

In accordance with the Texas Occupations Code, section 304.001, art. 4 and 22 TAC §220.2, check one of the following:

- I declare Texas as my primary state of residence and I have provided a Texas address.** I am eligible for a Compact Texas License (if applicable, once you receive the Texas license, your other compact state license(s) will be inactivated).
- I declare Texas as my primary state of residence but I have not provided a Texas address.** I am eligible for a Single State Texas License only.
- I am declaring a Non-Compact State as my primary state of residency.** My permanent residence is not Texas, however, it is a state not participating in the Nurse Licensure Compact. I am eligible for a Single State Texas License only. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- I am declaring another Compact State as my primary state of residency.** My permanent residence is not Texas, and is a state participating in the Nurse Licensure Compact. Please put my Texas license on Inactive Status. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- I am employed exclusively in the US military (Active Duty) or with the U.S. Federal Government and am requesting a Texas single-state license regardless of my primary state of residence.** I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

Eligibility Questions - Answering the questions below and signing the form is mandatory.

- 1) **No** **Yes** *Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:
- A. been arrested and have any pending criminal charges?
 - B. been convicted of a misdemeanor?
 - C. been convicted of a felony?
 - D. pled nolo contendere, no contest, or guilty?
 - E. received deferred adjudication?
 - F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - G. been sentenced to serve jail, prison time or court-ordered confinement?
 - H. been granted pre-trial diversion?
 - I. been cited or charged with any violation of the law?
 - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to the Gov't Code chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

- 2) **No** **Yes** *Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) **No** **Yes** Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? (You may exclude disciplinary actions issued by the Texas Board of Nursing and disciplinary actions previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)
- 4) **No** **Yes** *In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgment, or ability to function in school or work? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)
- 5) **No** **Yes** *In the past 5 years, have you been addicted to or treated for the use of alcohol or any other drug? (You may answer "no" if you have completed and/or are in compliance with TPAPN)

I attest that I understand and meet all the requirements to practice for the type of renewal requested. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand that it is a violation of 22 TAC §217.12(6)(l) and the Penal Code, sec. 37.10, to submit a false statement to a governmental agency.

Sign: _____ Date: _____
 (SIGNATURE REQUIRED)

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

GENERAL INSTRUCTIONS
(Do not return this sheet)

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

*QUESTION #1 The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and **all** military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

*QUESTION #2 The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3 The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of:

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

GENERAL INSTRUCTIONS CONTINUED

*QUESTION #4 The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, which impaired or does impair your behavior, judgment, or ability to function in school or work, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/eval-guidelines.html.

The evaluation process could potentially delay consideration of your renewal. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the renewal process. By doing so, the renewal should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the renewal. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

*QUESTION #5 The practice of nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

Retired Authorization Form Checklist - (Do not return this sheet)

- _____ Checked type of retired authorization requested, VN, RN or RN/APRN?
- _____ Have you answered all the questions on the authorization form?
- _____ Have you signed and dated the authorization form?
- _____ Have you enclosed the appropriate fee?
- _____ Have you completed 10 hrs of Continuing Education that meet the criteria in 22 TAC Chapter 216 (if applicable)?
- _____ Did you read the instructions regarding Primary State of Residence? Note: Declaring a compact state, other than Texas, will cause your renewal to be rejected.

Frequently Asked Questions (FAQs) - Volunteer Retired Nurse Authorization
(Do not return this sheet)

(1) Q: Is the status “volunteer retired nurse” a special type of nursing license?

Actually, it is not a “license.” It is considered a sub-category of the “Inactive” status for nursing licensure, and is an “authorization” that the Board may grant upon request to a nurse who meets criteria and pays the applicable fee for this designation.

(2) Q: What rules apply to a nurse who is authorized as a volunteer retired nurse?

A: A nurse seeking to attain/maintain authorization as a volunteer retired nurse must comply with three rules:

- §216.3(e) regarding reduced requirements for continuing education (10 hours of CE every two years; if VR-RN with APRN status, 20 hours of CE are required);
- §217.9 regarding requirements to attain/maintain authorization as a volunteer retired nurse (i.e. comply with the Nursing Practice Act [NPA] and Rules in their entirety, possess an unencumbered license, and not perform any nursing duties for compensation); and
- §223.1(17) which specifies a fee of \$10.00 (ten) dollars each renewal period (2-years). The rules may be viewed in their entirety on the Board web page at <http://www.bon.texas.gov>.

(3) Q: What defines a “charitable organization”?

A: A charitable organization is defined in Section 84.003 of the Texas Civil Practice and Remedies Code [<http://www.capitol.state.tx.us/statutes/cp.toc.htm>] and includes “any bona fide charitable, religious, prevention of cruelty to children or animals, youth sports and youth recreational, neighborhood crime prevention or patrol, or educational organization (excluding fraternities, sororities, and secret societies), or other organization promoting the common good and general welfare for the people in a community, including these types of organizations with a Section 501(c)(3) or (4) exemption from federal income tax, some chambers of commerce, and volunteer centers certified by the Department of Public Safety.”

(4) Q: What titles can a volunteer retired nurse use?

A: A nurse who meets the requirements to be granted authorization as a volunteer retired nurse may use the following titles as specified in the NPA Section 301.261(e) and Rule 217.9(c):

- Licensed Vocational Nurse Volunteer Retired;
- Registered Nurse Volunteer Retired;
- Registered Nurse Volunteer Retired, with qualifications in a given advanced practice nurse role and specialty.

(5) Q: If a nurse’s license has been on inactive/retired status more than 4 years, would the nurse have to take a refresher course to obtain volunteer retired nurse authorization?

A: Since volunteer retired nurse status is not a “license” to practice nursing, a refresher course is not required; however, depending upon the specific nursing services that the volunteer retired nurse intends to provide, continuing education and/or a precepted clinical may be prudent to assure the volunteer retired nurse delivers care in a safe manner. In addition, an advanced practice nurse with volunteer retired nurse status may need to limit the level of care provided if he/she has been out of the advanced practice role/specialty for four (4) or more years.

(6) Q: Will I still receive the *Texas Nursing Bulletin* (the Board’s quarterly newsletter) if I am authorized as a volunteer retired nurse?

A: No. Copies of the Texas Nursing Bulletin are only mailed to nurses who maintain an active license; however, you may subscribe to receive copies of the quarterly newsletter for \$10/year. To subscribe, print a publications order form from the “Forms” section of the BON web page, <http://www.bon.texas.gov/about/pdfs/pub-form.pdf>.

(7) Q: Will I be subject to criminal background checks and FBI fingerprinting as a volunteer retired nurse?

A: Since “volunteer retired nurse” is considered an inactive licensure status, the Board does not plan to seek criminal background checks on any nurse whose license is inactive.

(8) Q: Will I receive notice that my volunteer retired nurse status is about to expire?

A: Yes. Authorization as a volunteer retired nurse is valid for the same two-year interval as an active nursing license. For example, a nurse born in May of an even-numbered year (1948, 1952, etc.) would have to renew his/her authorization every even-numbered year by the end of May. A nurse born in an odd-numbered year would renew his/her authorization every odd-numbered year by the end of the nurse's birth month.

If a nurse should fail to renew his/her volunteer retired nurse authorization prior to the expiration date, the nurse's status will revert to "inactive." If the nurse then wishes to reinstate his/her volunteer retired nurse status, the nurse would be required to send in proof of 10 hours of CE credit [volunteer retired nurse with APRN status must complete 20 hours of CE/2-year renewal period] within the previous 2-year period, along with the completed application <http://www.bon.texas.gov/renewals.htm> and the \$10 fee.

(9) Q: To what extent can an advanced practice nurse engage in his/her advanced role and specialty with only a volunteer retired nurse authorization?

A: Some restrictions are evident in the rules. For example, Rule 221.4(b)(1) requires that a person possess a "current, valid, unencumbered license or privilege to practice as a registered nurse..." in order to seek or retain authorization as an advanced practice nurse. Rule 221.9(b) further states that, "...the inactive advanced practice nurse may not utilize his/her prescriptive authority." These requirements are congruent with additional requirements in §222.5 and §222.6 relating to active licensure and advanced practice authorization requirements for prescribing either dangerous drugs or controlled substances. Laws outside of the jurisdiction of the BON also preclude non-licensed practitioners from prescribing either dangerous or controlled substances [Texas Controlled Substances Act, §481.002(39)(D) and §483.001(12)(D) {definition of practitioner}].

As an additional clarification, an advanced practice nurse who has authorization as a volunteer retired nurse does not have to have 400 hours of active practice per biennium, nor does the APRN have to maintain national certification in his/her advanced practice role and specialty.

The responsibility and accountability would remain with the volunteer retired APRN to practice within his/her current competencies, recognizing limitations that may relate to lack of current knowledge/skill of the standard of care for a given medical condition, as well as inability to use prescriptive authority to prescribe medications. Factors such as the amount of ongoing volunteer practice, continuing education in the advanced practice role/specialty, and time out of active/full-time practice would need to be considered by the volunteer retired APRN in determining to what extent he/she should limit his/her practice.

(10) Q: I plan to retire in 6 months and will be relocating out-of-state. Can I apply for volunteer retired nurse status if Texas will no longer be my primary state of residence?

A: No. Volunteer retired nurse status can only be conferred upon a retired nurse who is able to claim Texas as his/her primary state of residence. This is stated in the Rule 217.9 (e)(1)(A). The authorization is applicable to practice in the State of Texas. The authorization does not grant a multi-state privilege to practice in compact states.

(11) Q: How can I verify if a nurse has current authorization as a volunteer retired nurse?

A: Current authorization as a volunteer retired nurse may be verified through the BON online verification system using either the nurse's social security number or previous nursing license number. A nurse holding current authorization as a volunteer retired nurse will have an indicator to that effect in the license "status" section.