

# Military Portability Licensed Practical Nurse and Registered Nurse Application

## Licensure requirements

There may be additional documents you need to submit with your application. [Read through the requirements](#) to see what applies to your situation prior to submitting your application.

## Important social security number information

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number, please read, complete, and return this [form](#) with your application.

This disclosure is mandatory, based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], and will be used under the State's child support enforcement program to locate individuals for the purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted for a social security number.

## Mail your application and supporting documents

### Send supporting documents with your application to:

WABON  
111 Israel Road SE  
PO BOX 47864  
Olympia, WA 98504

### Contact us

Phone: 360-236-4703

E-mail:

[NurseLicensing@doh.wa.gov](mailto:NurseLicensing@doh.wa.gov)

## Required Documents

1. Military orders with the following; your name, spouses name, and orders expiration date.
2. Marriage License or Legal name change documents.

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Nursing Laws, RCW 18.79](#)

[Nursing Rules, WAC 246-840](#)

[50 USC 4025a: Portability of professional licenses of servicemembers and their spouses](#)

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**Military Portability Application - Licensed Practical Nurse & Registered Nurse**

**If we do not receive all required documentation within 30 days your application may be closed as incomplete resulting in you having to reapply again.**

Select if the following applies:  Spouse or Registered Domestic Partner of Military Personnel

**1. Demographic Information**

- Male
- Female
- Other

**Social Security Number (SSN) :**

(If you do not have a SSN, see instructions)

Name (First, Middle, Last):

Birth date:

E-mail address:

Address:

City:

State:

Country:

ZIP code:

Phone number:

County:

**Note:** The mailing and e-mail addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the Nursing Commission.

Have you ever been known under any other name(s)?  Yes  No

If yes, list name(s):

Will documents be received in another name?  Yes  No

If yes, list name(s):

**3. Active License**

Registered Nurse

Licensed Practical Nurse

State

License Number

## 5. Disciplinary Action Attestation

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

I am subject to the jurisdiction of the state of Washington and the disciplining authority for my profession under [RCW 18.130](#) and that Washington's Uniform Disciplinary Act, chapter [18.130 RCW](#) applies to my practice, including enforcing standards of practice, unprofessional conduct, discipline, and continuing education.

Unless I obtain appropriate licensure in Washington, I must maintain my licenses issued by other states in good standing in order to continue practicing in Washington State.

Applicant's Initials	Date
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## 6. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the state of

(Print applicant name clearly)

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

By: \_\_\_\_\_ Dated \_\_\_\_\_

(Original signature of applicant)

(mm/dd/yyyy)